

Spalding Triathlon Club

Membership Form. 1st April 2010 to 31st March 2011

Surname: _____ First name: _____

Address: _____

Town: _____ County: _____ Postcode: _____

Phone: _____ (h) _____ (w) _____ (mob)

Email address:

Date of birth: _____ B.T.A. Number: _____

Membership details are stored electronically but not distributed outside the committee, except for contact phone numbers and e-mail addresses which are sometimes put in the newsletter.
Tick here if you do NOT want your contact details to appear in the club newsletter

I hereby acknowledge that triathlon can be a dangerous and physically very demanding sport and that I participate in it at my own risk. Neither the club nor the committee will be held responsible for accidents that occur while I participate in the sport of triathlon. The Club has adopted the BTA code of practice for Child Protection.

The club recommends that members should consult their doctor before participating in club training sessions or competitions. Any relevant medical condition must be notified below. During coached sessions, I accept responsibility for notifying the coach on each occasion.

Relevant Medical conditions. _____

I apply for membership of the Spalding Triathlon Club and agree to abide by the club rules which include, among others, that I will wear an approved cycle helmet on club rides and that I will not bring the club into disrepute:

Signed: _____ Date: _____

Signature of Guardian for members under 18 years of age: _____

Please send this form, together with your membership fee of £20 (adults). £35 for joint. Please make cheques payable to "Spalding Triathlon Club", and send to Steven Thompson, 1 Hatt Close, Moulton, Spalding, Lincs. PE12 6PX

OFFICIAL USE: Fee received: _____