

New York Tritons
Triathlon Club
Membership Application Form

name _____

address _____

telephone _____

e-mail address _____

USAT number _____ **date of birth** _____

I am interested in (check all that apply):

training:

swim workouts	Tues.	_____	Thurs.	_____	beginner	_____	intermediate/advanced	_____
morning bike workouts		_____	days:	_____	weekday morning runs	_____	days:	_____
evening bike workouts		_____	days:	_____	weekday evening runs	_____	days:	_____
long training rides		_____			long training runs	_____		
brick workouts (bike/run)		_____			trail running/XC	_____		

racing:

duathlon	_____	triathlon	_____	indoor du/tri	_____	adventure racing	_____	volunteering	_____
Sprint	_____	Olympic	_____	1/2 Ironman	_____	Ironman	_____	relays	_____
local races	_____	out of state races	_____			USAT Club competition	_____	Gay Games/Out Games	_____

training/racing goals for 20__ :

How would you like us to help you reach your goals?

signature required on page 2

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Membership Waiver: I acknowledge that training for and/or racing in a multisport event is a potentially hazardous activity. I hereby assume all risks to health or property that might arise from participating in any activities organized by the New York Tritons or its members. I certify that I am physically fit and have not been advised otherwise by a qualified medical practitioner. I, for myself and anyone entitled to act on my behalf, waive and release the New York Tritons, its members, sponsors, officers, representatives, and coaches from all claims and liabilities of any kind arising out of my participation in or traveling to/from New York Tritons activities, and agree not to take legal action against any of the persons or entities mentioned above for any of the claims or liabilities that I have waived even though such claim or liability may arise out of negligence or fault on the part of any of the foregoing persons or entities.

signature _____ **date** _____

signature of parent or legal guardian (if under 18) _____ **date** _____

Current annual membership for one calendar year is \$25.

Please send your signed membership form and check made payable to "New York Tritons" to:

New York Tritons
c/o Claudia Cummings
148 Carroll Street #3
Brooklyn, NY 11231