



## Membership Application

1st October 2007 to 31<sup>st</sup> December 2008

<b>Forename</b>		<b>Surname</b>	
<b>DOB</b>		<b>Gender</b>	<b>Male / Female</b>
<b>Home Tel</b>		<b>Mobile</b>	
<b>Email</b> (please state in capitals)			
<b>Address</b>			
<b>Post Code</b>			
<b>BTF No. (If applicable)</b>			
<b>Emergency Contact Name</b>		<b>Emergency Contact Number</b>	
<b>Any Disabilities that we should know about?</b>			

### Membership Details:

Membership Type	Membership Fee	Please Tick
Adult	£25.00	
Associate	£15.00	
Students/ OAP	£15.00	

### Signed declaration:

I hereby acknowledge that Triathlon, Duathlon and Aquathlon can be dangerous and physically demanding sports and that I participate in them at my own risk. Neither the club nor the committee will be held responsible for accidents that occur while I participate in these sports.

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.

\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*Please send this form, together with your membership fee, to Rachel Burrows, 4 Furrows Close, Barrow Upon Soar, Leicestershire LE12 8GT. Please make cheques payable to "Charnwood Triathlon Club". Membership expires 31st December 2008*

**OFFICIAL USE: Fee received: \_\_\_\_\_ Membership No. \_\_\_\_\_**