

Rugby Triathlon Club Membership Form 2007

Personal Details

Surname: _____ First Name _____

Address _____

Town _____ County _____ Postcode _____

E-mail _____ Contact No. _____

Date Of Birth ____ / ____ / ____ Age on 1st January 07 _____ Male / Female (Delete)

- ☐ The Club may use filming as a training tool to improvement technique, please tick if you **do not** want to be filmed
- ☐ The Club may use your image on the Website to promote events and championships, please tick if you **do not** want your image to be displayed on the Website
- ☐ The Club will store membership details electronically but these will not be used outside the Club Committee, except where club information (newsletters, cancellation of sessions etc) is distributed via email or phone to you. Tick here if you **do not** want your details to be used for this purpose.

To help us gauge where our membership falls in relation to specific groups (this will help us when applying for future grants), we would be grateful if you could tell us your occupation (this is not compulsory): _____

Rugby Triathlon 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, it is the responsibility of each participant to bring any relevant medical condition to the attention of the Coach prior to the start of each session.

Relevant Medical Condition(s): _____

Emergency Contact Name _____ Emergency Contact Number _____

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.

I apply for membership of the Rugby Triathlon Club and agree to abide by the club code of conduct which include, among others, that I will wear an approved helmet on Club rides and that I will not bring the Club in to Disrepute.

Signed _____ Date _____

Membership of the British Triathlon Association

Are you currently a member of the BTA? Yes/No

BTA Number _____

Do you intend to join/rejoin? Yes/No

If yes you are eligible for a discount if you join through the club, for details please visit the British Triathlon web site on www.britishtriathlon.org

Please send this form together with the appropriate membership fee as detailed below to the Membership Secretary. Rugby Triathlon Club, 45 Rowallen Way, Daventry, Northants, NN11 5BS. Membership runs until December 31st 2007. Cheques made payable to "Rugby Triathlon Club"

Existing Members? Swimmers & new starters prior to 30 th June 07	£25.00
Over 60's or the unwaged	£11.00
New Starters between 1 July and 31 st Oct 07	£15.00
New Starters after 1 st November 07	£8.00

OFFICIAL USE:

FORM AND FEE RECEIVED _____ DATE RECEIVED _____ MEMBERSHIP NUMBER _____