



www.AbsoluteTriathlonClub.co.uk

Adult Membership Form May 2011 – April 2012

Welcome to Absolute Triathlon Club!

To ensure that we have the correct contact details for you, please complete the information requested below and return this form to *Martin Stephens, Membership Secretary, 11 North Street, Melbourne, Derbyshire, DE73 8FZ* or bring with you to one of our sessions with a cheque for made payable to **Absolute Triathlon Club**. If you are under 18 or a full time student please ask one of our team for a **Junior Application Form**. Our annual adult **membership fee is £25** and our year runs May 1st – April 30th; a reduced fee of £15 for adults and £6 for juniors applies for those joining after November 1st.

We will also use this information to ensure that you are kept informed about club news and events. Please retain a copy of this form for your future reference.

Contact Details:

Name:	Date of Birth:
Address: _____	
Post Code:	
Tel No:	Mobile:
E-Mail:	
Occupation:	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Today's Date:

Club / Triathlon Experience

What Triathlon Experience do you have? (please circle)	
None (Beginner) / Intermediate / Advance	
Have you had any event experience?	If yes, please briefly detail
Yes / No	



What distance are you training for?

Please state your BTF number (if applicable):

How did you hear about us?

What are your reasons for joining / goals?

Emergency Contact Details

Name:	Relationship:
Tel No:	Mobile:
E-Mail:	

Medical information

Please detail below any important medical information that our coaches should be aware of (e.g. epilepsy, asthma, diabetes, etc.):



Disclaimer

- I confirm that to the best of my knowledge that I am able to participate in physical activity.
- Any questions I had have been answered to my satisfaction.
- In the event that I am required to seek my Doctor's advice prior to commencement of any physical activity, I agree to contact my Doctor and take full responsibility for obtaining written permission before starting any such physical activity.
- I understand that I am responsible for monitoring myself throughout any sessions that the club provides and that if any unusual symptoms occur I will cease participation and inform the coach and my doctor of these symptoms. In undertake to notify the coach at once if there is any change in my condition.
- I am aware that physical activity can be hazardous and there is a risk involved. I acknowledge that I participate at my own risk and take full responsibility for my actions.
- I confirm that I will take every precaution possible for the safety of myself and others and act in a responsible manner.
- I understand that Absolute Triathlon Club will treat the information on this form with the strictest confidence.

Signature: _____ Date: _____

Full name: _____

Photography / Release Form for Media Usage

I, the undersigned, do hereby consent and agree that Absolute Triathlon Club, its agents, and members have the right to take photographs, videotape, or digital recordings of me in the course of taking part in triathlon or triathlon-related activities and to use these in any and all media, now or hereafter known, and exclusively for the purpose of advertising, website development or forum use. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to Absolute Triathlon Club and its members all rights to exhibit this work in print and electronic form publicly (on the website) or privately (on the forum).

I do hereby release Absolute Triathlon Club from any issues that may arise from the display of any media, on the website or forum and understand that should there be any complaints, these can be lodged with the appropriate person for the removal of the offensive media from either the forum or website.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I also understand that Absolute Triathlon Club is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Signature: _____ Date: _____

Full name: _____



Open Water Swim Sessions

Disclaimer / Rules and Procedures

PLEASE READ THE FOLLOWING CAREFULLY

- No entry to the water will be allowed until authorised to do so by the coach or the person leading the session
- It is recommended you exit the water at the same place as entry, however if you need to exit the water elsewhere you must return to the entry point and register that you are out of the water.
- Wetsuits must be worn at all times
- Brightly coloured swim hats must be worn at all times
- Swimmers must only use the course as defined by the coach or person leading the session
- Swimmers must register **every** time they enter the water and exit the water.
- All participants must be a member of Absolute Triathlon Club and provide any medical information that may have changed to that provided on the application form.
- Before every session a pre-swim brief will be given. This will provide clear guidelines on the course, group structure, and information about what to do if you get into difficulty
- All sessions will finish at the allotted time.
- All swimmers must swim within their own ability

General advice

- All swimmers should cover all cuts and abrasions, however minor with plasters. You should not consider swimming with deep cuts or open wounds
- Wash hands before eating after you have swum
- Take a shower at the earliest opportunity
- Try to ingest a minimum amount of water

Disclaimer

Absolute Triathlon Club takes no responsibility for any injuries or accidents that may occur as a result of swimming in open water. Every effort will be made at each session to reduce the risks and hazards, however by entering the water you are accepting responsibility for your own safety

Name..... SignedDate.....

Please return this completed form along with a cheque for the appropriate membership fee made payable to [Absolute Triathlon Club](http://AbsoluteTriathlonClub) and send to Martin Stephens, Membership Secretary, 11 North Street, Melbourne, South Derbyshire, DE73 8FZ.

www.AbsoluteTriathlonClub.co.uk
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