

Membership form for Jersey Triathlon Club (Family)

Name Forename * Surname *

Date of Birth Day Month January * Year (4 digit) * You must be 16 or older on 31/12/2009

Gender Female Male

Address Line1 *
Line2
Town/City *
County

Postcode *

Email *(an email receipt will be sent to this address)

Phone

The following questions have been added to this membership form by the club contact:

Please advise who the club should contact in an emergency *

Phone Number (of your emergency contact)

Relationship to you (of your emergency contact)

Do you have any allergies or medical condition which may affect your ability to take part in triathlon training? (All members: Please inform the coach or leader at each session of any injury, allergy or medical problems you have. It is not practical to pass this information to all coaches in our rotas.)

If yes, please give details

I agree to the details of the adults in my family (name, email, phone only) to be published within a members-only, password-protected section of the JTA website

Adult 2 Name

Adult 2 Name

Adult 2 Age	<input type="checkbox"/>	(over 16 on 1/1/10)
Adult 2 Address	<input type="text"/>	(if different)
Adult 2 Email Address	<input type="text"/>	
Adult 2 Tel Number	<input type="text"/>	(if different)
Junior 1 Name	<input type="text"/>	
Junior 1 Age	<input type="checkbox"/>	(under 16 on 1/1/10)
Junior 1 Address	<input type="text"/>	(if different)
Adult Email Address	<input type="text"/>	
Junior 1 Medical Conditions	<input type="text"/>	
Junior 2 Name	<input type="text"/>	
Junior 2 Age	<input type="checkbox"/>	(under 16 on 1/1/10)
Junior 2 Address	<input type="text"/>	(if different)
Adult Email Address	<input type="text"/>	
Junior 2 Medical Conditions	<input type="text"/>	
Junior 3 Name	<input type="text"/>	
Junior 3 Age	<input type="checkbox"/>	(under 16 on 1/1/10)
Junior 3 Address	<input type="text"/>	(if different)
Adult Email Address	<input type="text"/>	
Junior 3 Medical Conditions	<input type="text"/>	

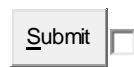
I agree to the terms and conditions for membership of Jersey Triathlon Club (Family):

SENIOR DISCLAIMER: I/we wish to join the Jersey Triathlon Club ("JTC"). In becoming a member, I/we acknowledge that the committee, at their discretion, can review my/our membership on the grounds of my behaviour and I/we agree to abide by the rules of the JTC, BTF and will not intentionally bring the sport of Triathlon into disrepute. I/We hereby declare that I/we am fit to compete in club events and that the JTC, BTF and/or its agents, event organisers and/or marshals are not responsible for any injury (including fatal injury) loss, accident or damage, to my/our person(s) or property, sustained as a result of my/our participation in JTC events and/or training sessions.

JUNIOR DISCLAIMER: I wish for the above named person(s) to join the Jersey Triathlon Club ("JTC") Junior section. I declare that the above named person(s) are fit to take part in

JTC training and other events comprising the sports of running, cycling and swimming. I understand that they participate entirely at their own risk, and relieve JTC, of any responsibility for injury, loss or damage sustained to either their person or property as a result of participation in JTC events and/or training sessions. I agree on behalf of the above named to abide by the rules of the British Triathlon and the event organisers. I acknowledge that the committee, at their discretion, can review this membership on the grounds of his/her behaviour.

I agree to www.EntryCentral.com's Terms and Conditions: I understand that my personal details will be stored on computer. I understand that in the event that I wish to withdraw my membership for any reason, that each club has its own withdrawals policy, and that I should initiate any refund from the club contact who will instruct EntryCentral as appropriate.



Remember me on this computer