



Gators Tri Club Registration Form 2005/2006

Date _____

Name _____

Birth day: _____ Alberta Health Care # _____

Address _____

City _____ Postal Code _____

Phone _____ FAX _____ e-mail _____

Parent/Guardian Name _____

Please note: all athletes enrolled in this program must be members of both the *Gators Tri Club* and the *Alberta Triathlon Association*

ATA # _____ Expiry Date _____

I acknowledge and accept the risks that participation in the sport of triathlon may result in personal injury to myself due to the endurance nature of the sport and the inherent risks associated with swimming, biking, and running, especially on public roads.

In consideration of my participation in the Gators Tri-Club, I agree that the Gators Triathlon Club; it's directors, officers, employees, coaches, volunteers, members and agents shall not be liable for any personal injury or loss I may suffer from any such participation, unless such loss shall be caused by the negligence of any one or more of the above named while acting within the scope of their duties.

_____ signature of athlete Date _____

As parent/guardian of the above named person , I agree to my child participating in the sport of triathlon and have instructed my child of the risks involved and to be safety conscious. As parent/guardian I understand the risks involved in the sport of triathlon.

_____ signature of parent/guardian Date _____

Fee Schedule

Fee for 3 swimming sessions, 1 running and 1 biking: \$75.00 per month

Payment: Please submit all nine post-dated cheques at registration. Cheques should be made payable to "Gators Tri Club"