



# Registration Form

Complete one form per member

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

( ) Female ( ) Male Birth date: \_\_\_\_\_ Age on Dec 31 of this year: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Emergency contact phone: \_\_\_\_\_

Medical history/allergies/medications: \_\_\_\_\_

Membership fee \$ \_\_\_\_\_ Bingo Buy Out \$ \_\_\_\_\_ (optional)

Total Fees \$ \_\_\_\_\_ (payable to Triple Threat Triathlon Club)

Volunteer Shifts for the Triple Threat Triathlon (Sunday plus at least one additional shift) ( ) Friday evening set-up ( )  
Saturday KOS event ( ) Saturday evening set-up (X) Sunday adult race (mandatory)

**Registration Waiver** For myself, my executors, administrators, heirs, next of kin, successors and assigns, I, \_\_\_\_\_ hereby:

1 Waive and release any and all claims that I may have against Triple Threat Triathlon Team ("Team") its committees, officers, directors, members, volunteers, employees, agents, sponsors or any or more of them or their executors, administrators, heirs, next of kin, successors or assigns ("the releases") including any and all claims for damage caused by the negligence of any of them, arising out of my participation in their events and its related activities, together with any costs including lawyers' fees may be incurred as a result of any such claim whether valid or not, and indemnify and hold harmless the releases and each of them against any such claim that I or any of or more of my or their executors, administrators, heirs, next of kin, successors and assigns may have or assert and against any costs including lawyers' fees with respect thereto.

2 I hereby acknowledge that I have sole responsibility for my personal possessions and athletic equipment during Team events and related activities.

3 I hereby acknowledge that participation in Team events carries with it potential hazard, I therefore release the Team its events committees, their officers, directors, members volunteers, employees, sponsors, of any liability resulting from injury or death during their events and related activities.

4 I hereby attest and verify that I am physically fit and that my physical condition has been verified by a licensed medical doctor.

5 I hereby permit the free use of my name, picture, and competitive results in promotional materials, broadcast, telecasts and press.

6 In consideration of my acceptance as a member of the Team and Triathlon Manitoba, I hereby agree to follow all rules and regulations set down by Triathlon Manitoba.

7 I realize that, with this membership, I may be subject to unannounced drug testing as administered under Triathlon Manitoba, its governing body, and the Canadian Centre for Ethics in Sport.

8 I understand that Triple Threat Triathlon Team retains personal information about me in their files. I accept the use of my personal information for the purposes described in accordance with Triathlon Manitoba's Privacy Policy, posted at [www.triathlon.mb.ca](http://www.triathlon.mb.ca).

Signature: \_\_\_\_\_  
(parent or guardian if under age 18)

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

Information Collection and Use Triple Threat Triathlon Team is the sole owner of the information collected on this document. We will not sell, share or rent this information to others without permission. Triple Threat Triathlon Team collects information from our members for internal club use only.

**Mail or drop off this registration form with a cheque for your fees to Triple Threat Triathlon Club - 165 Whiteway Road, Winnipeg, Manitoba R2C 4C6**



# Medical Consent

For members under 18 years

**DO NOT COMPLETE IF OVER AGE 18**

Member Name: \_\_\_\_\_ Parent / Guardian Name: \_\_\_\_\_ Family

Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Health Card #: (6 #s)

\_\_\_\_\_ (9 #s) \_\_\_\_\_ Emergency Contact Person:

\_\_\_\_\_ Relationship to Member: \_\_\_\_\_ Emergency

Contact Numbers: \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

Relevant medical information / allergies, recent head injuries, etc.:

**EMERGENCY PROCEDURES** - If the member becomes seriously ill or is injured, the member will be transported by car or ambulance to the nearest hospital with immediate notification to the parent or guardian. Any requests that differ from the above procedure must be listed below.

Signature of Parent / Guardian: \_\_\_\_\_

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