



# Jr. HammerHeads

## 2010 Membership Application

Please complete one form per family and complete each section. An adult from each family is required to assist at club functions. Please make your check out to the Jr HammerHead Triathlon Team. All information used for club purposes only.

### I. Annual Membership Options (\$45 per athlete fee)

Running Shirt Sizes: Adult - \_\_\_ XL, \_\_\_ L, \_\_\_ M, \_\_\_ S  
(List Quantities) Youth - \_\_\_ XL, \_\_\_ L, \_\_\_ M, \_\_\_ S

### II. Adult Information (We expect all adults to volunteer throughout the season)

Mother's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Birth date (m/d/y): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Include on e-mail distribution? Yes \_\_\_ No \_\_\_ E-mail: \_\_\_\_\_

Please list area's interested in helping with:

\_\_\_\_\_  
\_\_\_\_\_

### II. Adult Information

Father's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Birth date (m/d/y): \_\_\_\_\_

Address: (if different) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Include on e-mail distribution? Yes \_\_\_ No \_\_\_ E-mail: \_\_\_\_\_

Please list area's interested in helping with:

\_\_\_\_\_  
\_\_\_\_\_

# Jr. HammerHead Youth Triathlon Club 2010 Membership Application

\_\_\_\_\_ Last Name

### III. Child Member Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Birth date (m/d/y): \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Include on e-mail distribution? Yes \_\_\_ No \_\_\_ E-mail: \_\_\_\_\_

USAT #: \_\_\_\_\_ Expiration: \_\_\_\_\_

Please list general health, medical condition, physical limitations, or special needs:

\_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Birth date (m/d/y): \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Include on e-mail distribution? Yes \_\_\_ No \_\_\_ E-mail: \_\_\_\_\_

USAT #: \_\_\_\_\_ Expiration: \_\_\_\_\_

Please list general health, medical condition, physical limitations, or special needs:

\_\_\_\_\_

First Name: _____		Last Name: _____	
Nickname: _____	Birth date (m/d/y): _____		Gender: M ___ F ___
Address: _____			
City: _____	State: _____		Zip: _____
Home Phone: _____		Cell Phone: _____	
Include on e-mail distribution? Yes ___ No ___		E-mail: _____	
USAT #: _____	Expiration: _____		
Please list general health, medical condition, physical limitations, or special needs:			
_____			

### IV. Emergency Contact Information (Other than Parent or Guardian)

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

# Jr. HammerHead Youth Triathlon Club 2010 Membership Application

\_\_\_\_\_ Last Name

## Acknowledgement Waiver and Release from Liability (AWRL)

I acknowledge that a triathlon or multi-sport event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. I HEREBY ASSUME THE RISKS OF PARTICIPATING IN ALL JR HAMMERHEAD CLUB FUNCTIONS AND TRIATHLON/MULTI-SPORT EVENTS. I certify that I am physically fit, have sufficiently trained for participation in these activities/events, and have not been advised otherwise by a qualified medical person. I acknowledge that my statements on this AWRL are being accepted by the Jr. HammerHead Triathlon Club in consideration for allowing me to become a club member in a USA Triathlon Chartered Club and are being relied upon by Jr. HammerHead Youth Triathlon Club and USA Triathlon organizers and administrators in permitting me to participate in any organized club function and triathlon/multi-sport event.

In consideration for allowing me to become a club member in the Jr. HammerHead Triathlon Club, a USA Triathlon Chartered Club, and allowing me to participate in organized club functions, I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors, and assigns: A) I AGREE TO ABIDE BY THE Competitive rules adopted by USA Triathlon, including the Medical Control Rules, as they may be amended from time to time, and acknowledge that my club membership may be revoked or suspended for violation of the Competitive Rules; B) I WAIVE, RELEASE, AND DISCHARGE from any and all claims or liabilities for death, personal injury, property damage, theft or damages of any kind which arise out of or relate to my participation in, or my traveling to and from an organized club function, THE FOLLOWING PERSONS OR ENTITIES: JR. HAMMERHEAD YOUTH TRIATHLON CLUB, USA TRIATHLON, USA TRIATHLON chartered clubs, club sponsors, volunteers, all states, cities, counties or localities in which club functions or segments of club functions are held, and the officers, directors, employees, representatives and agents of any of the above; C) I AGREE NOT TO SUE any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein: and D) I INDEMNIFY AND HOLD HARMLESS the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions during an organized club function or triathlon/multi-sport event.

I HEREBY AFFIRM THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER, I HAVE READ THIS DOCUMENT, AND I UNDERSTAND ITS CONTENTS.

\_\_\_\_\_

Signature

\_\_\_\_\_

I AM UNDER EIGHTEEN (18) YEARS OF AGE. MY PARENT / LEGAL GUARDIAN HAS READ AND COMPLETED THE SECTION BELOW.

The undersigned \_\_\_\_\_ (parent/guardian) the parent and natural guardian or legal guardian of \_\_\_\_\_ (Minor(s) name) hereby executes the foregoing AWRL for an on behalf of the minor(s) named herein. As the natural or legal guardian of such minor(s), I hereby bind myself, the minor(s) and our executors, administrators, heirs, next of kin, successors, and assigns to the terms of the foregoing AWRL. I represent that I have the legal capacity and authority to act for and on behalf of the minor(s) in the execution of the forgoing AWRL or in the execution of this consent.

I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility ("Medical Provider") to treat the minor(s) named herein for the purpose of attempting to treat or relieve any injuries received by said minor(s) arising out of or relating to any organized club function or triathlon/multi-sport event. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries and any related conditions of said minor(s) that may be encountered during the course of attempting to treat or relieve such injuries. I consent to the administration of anesthesia as deemed advisable during the course of such treatment. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor(s). I acknowledge that no warranty is being made as to the results of any medical treatment.

**NOTE: PARENT/GUARDIAN MUST ALSO SIGN AWRL ABOVE. AWRL ALSO APPLIES TO PARENT(S) / GUARDIAN(S) WHO PARTICIPATE IN CLUB FUNCTIONS OR TRIATHLON/MULTI-SPORT EVENTS.**

\_\_\_\_\_

Relationship to Minor(s)

\_\_\_\_\_