

Jr. HammerHead Youth Triathlon Club – 2013 membership application

athlete's name		date of birth (m/d/y)	
USAT #		gender: male female	
address		home phone #	
city	state	zip	
email	t-shirt size: (circle one) youth adult (circle one) S M L XL		
medical conditions, physical limitations, allergies, etc.			
second athlete's name		date of birth	
USAT #		gender: male female	
Address (if different from above)		home phone #	
city	state	zip	
email (if different from above)	t-shirt size: (circle one) youth adult (circle one) S M L XL		
medical conditions, physical limitations, allergies, etc.			
third athlete's name		date of birth	
USAT #		gender: male female	
Address (if different from above)		home phone #	
city	state	zip	
email (if different from above)	t-shirt size: (circle one) youth adult (circle one) S M L XL		
medical conditions, physical limitations, allergies, etc.			

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parent's name		cell phone #	
address (if different than child)		home phone #	
city	state	zip	
email	t-shirt size: (circle one) youth adult (circle one) S M L XL *parent t-shirt is \$10 additional cost		
child's emergency contact		relationship	
phone #			
physician		physician's phone #	

➤ Parent volunteers are an integral part of our program. Please circle the area you are most interested in:

tech support traffic control photography timing
 record keeping other: _____

➤ Here are some of the expectations you may have of the Jr. HammerHead program and its coaches:

- Your child's safety and well being are our highest concern
- Instruction is provided by USAT certified triathlon coaches
- Instruction will be based on the most up to date information available in our profession
- We have respect for all athletes of at any level of competition
- We believe that success is measured by the development of skills and not by winning or losing
- Children will learn about the sport of triathlon in a fun and caring environment which fosters a positive experience for all athletes and families
- Any questions or issues that you bring to the coaching staff will be addressed in a timely and efficient manner

➤ Here are some of the expectations we have of our athletes and families:

- willing participation from athletes and their families – much of what we do is education and this is important for ALL who participate
- following all safety precautions and protocols
- follow through with instruction and workouts
- both the athlete and their family understand and appreciate the rules of triathlon
- families encourage good sportsmanship in their athletes and act as a role model
- we function as a team and support all team members and not just the individual child

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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 HEARBY 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 SUA Triathlon Chartered Club and are being relied upon by Jr. HammerHead youth Triathlon Cub and SUA 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) WAIVE, RELEASE, AND DISCHARGE from any and all claims or liabilities, for death, personal injury, property damaged, theft of damages of any kind which arise out of or relate to my participating 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, countries 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; 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 any 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.

Print Name Signature Date

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

The undersigned _____ the parent and natural guardian or legal guardian of _____ (minor’s name) hereby executes the foregoing AWRL for and 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 inor(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 here in 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 to treat or relieve such injuries. I consent to the administration or anesthesia or 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 treatments, 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: PARENTS/GUARDIANS MUCST ALSO SIGN AWRL ABOVE. AWRL ALSO APPLIES TO PARENT(S)/GUARDIAN(S) WHO PARTICIPATE IN CLUB FUNCTIONS OR TRIALTHON/MULTI-SPOER EVENT.

Parent / Guardian Signature Relationship to Minor(s) Date