



2011-2012 Membership Application

Individual or Family Member Contact

Surname Given name

Address

Suburb Postcode Phone/ Mobile:

Email.....

D.O.B Gender **M / F** Age Category: **JM JF OM OF MM MF VM VF**
(please circle)

Triathlon Australia No (if applicable):

Other Family Members

****Total Number of members on this form**

Name	D.O.B	Age Category <i>(see below)</i>
.....
.....
.....
.....
.....

Waiver: Please read & complete waiver on page 2. A parent/guardian must sign on behalf of each child under 18.

Club Assistance		
As we are a volunteer club we rely on our members at times for assistance to ensure the smooth running of events. Please nominate the area(s) where you could assist on an occasional basis.		
<input type="checkbox"/> catering <input type="checkbox"/> marshalling <input type="checkbox"/> setting up <input type="checkbox"/> packing away <input type="checkbox"/> water safety <input type="checkbox"/> fund raising		
Age Category (based on age at 31/12/11)		
Teen - Under 16yrs	TM = Teen Male	TF = Teen Female
Junior - 16- 19 yrs	JM = Junior Male	JF = Junior Female
Open - 20- 35 yrs	OM = Open Male	OF = Open Female
Masters - 35- 50 yrs	MM = Masters Male	MF = Masters Female
Veterans - 51+ yrs	VM = Veteran Male	VF = Veteran Female
Annual Membership Fees 2011-2012	Adults 19+ years	\$20
	Juniors/ Concession	\$15
	Family	\$40



(Incorporated under the Associations Incorporation Act 2009)

Club Member and Participants Agreement

Warning: This is a legal document that affects your rights.

1. I acknowledge that competitive triathlon/ duathlon/ swim and run involves the real risk of serious injury or even death from various causes including but not limited to overexertion, equipment failure, dehydration, accidents with other competitors, spectators or road users and course or weather conditions.
2. I understand that I should not compete in any Ballina Triathlon Club Inc event unless I have trained appropriately and a medical practitioner has verified my physical condition.
3. By competing and participating in events, I accept all risks necessarily flowing from my participation that could result in loss of life or permanent injury. Accordingly, I release all people associated with the conduct of any club event from, and will indemnify them from against, all liability (including liability for their negligence) for all injury, loss or damage arising out of or connected with my participation in any event. For clarification the people released include event organisers, Ballina Triathlon Club office bearers ,promoters, sponsors, managers, government and public authorities, Triathlon Australia Limited, its member states and territory triathlon associations and all of their respective directors, officers, employees, agents, contractors and volunteers including event medical and paramedical personnel. This release and indemnity continues forever and binds my heirs, executors, personal representatives and assigns.
4. I consent to receiving any medical treatment at that event organisers consider desirable during or after the event.
5. I understand that compulsory insurance cover affected for participants in any event may not cover medical or injury, loss or damage sustained by me.
6. Safety precautions undertaken by organisers (such as course supervision and race safety briefings) are a service to me and other competitors but not a guarantee of safety.
7. I am fully responsible for the security of my personal possessions at any club event.
8. My registration for events/membership is not transferable to other people. If I am unable to compete, or if any event is cancelled my resignation fee is non refundable.
9. I agree to abide by all race rules and directions issued by the event organiser.
10. I certify that I am 18 years of age or older and I have read this document and fully understand it.

Name: ----- **Signature:** ----- **Date** -----

Declaration by Parent/Guardian: Please complete below for all members listed on previous page under 18 years.

As parent/guardian of the competitor/member I agree to the above for myself and on behalf of my child/children.

Name: -----

Name: -----

Name: -----

Name: -----

Name: -----

Signature of Parent/Guardian: -----

Date -----