



## Membership Form 1<sup>st</sup> Jan 2010 – 31<sup>st</sup> December 2010

Forename	Surname
Date of Birth	Male / Female (please delete as appropriate)
Home telephone	Mobile
Address and Postcode	Any disabilities we should know about?
e-mail address	BTF number (if applicable)
Emergency contact name	Emergency contact number

I hereby acknowledge that triathlon and duathlon can be dangerous and physically demanding sports and that I participate in them at my own risk. Neither the club nor the committee will be held responsible for accidents that occur while I participate in these sports.

The club recommends that members should consult their doctor before participating in club training sessions or competitions. Any relevant medical condition must be notified below. During coached sessions, I accept responsibility for notifying the coach on each occasion.

Relevant medical conditions. \_\_\_\_\_

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

**Please send this form along with a **Stamped Address Envelope** (to receive your membership card) and membership fee (£20 individual, £35 family, £15 Juniors (under 18) / students in Full time Education / OAP's) to the Club Secretary.**

Cheques to be made payable to "Lincoln Tri Club"

Club Secretary: Ian Grogan, Drayman's Barn, Farriers Court, Scopwick, Lincolnshire, LN4 3PL