



TEXAS TRIPLE THREAT

SWIM.BIKE.RUN FROM FUNDAMENTALS TO THE PHYSIOLOGY OF TRIATHLON

Club Registration Form

\$75.00 Annual Membership Fee

Date: _____ No Change from prior year's information

Participant Information:

First Name: _____ Middle Initial: _____ Last Name: _____

Parent/Guardian Names (if under 18): _____

Gender: Male Female Birthdate: ____ / ____ / ____

Address: _____

City: _____ State: _____ Zipcode: _____

Email Address: _____

Phone Number: (H) _____ (C) _____

Adult T- Shirt Size: Small Medium Large X-Large XX-Large

Have you ever done an endurance event before: No Yes – Which one(s)?

USAT # (if available): _____

Medical Conditions/Allergies:

What are you optimal days and times for work-outs (*information for future expansion*):

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning
<input type="checkbox"/> Noon	<input type="checkbox"/> Noon	<input type="checkbox"/> Noon	<input type="checkbox"/> Noon	<input type="checkbox"/> Noon	<input type="checkbox"/> Noon	<input type="checkbox"/> Noon
<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening

Please read the waiver carefully:

By signing below, you agree, warrant and covenant as follows:

Because of the high level of fitness required in this program and the possibility of injury you must agree to the following Liability Statement before you, or your child, participates in Texas Triple Threat program. 1. In consideration of being allowed to participate in the activities and programs of Texas Triple Threat I do hereby waive, release and forever discharge any of it's agents from any and all responsibilities or liability from injuries or damages resulting from my, or my child's, participation in any activities conducted by Texas Triple Threat. 2. I understand and am aware that swimming, cycling and running are potentially hazardous activities. This is especially true with riding bicycles in traffic, doing open water swims in lakes open to boat traffic, and while running on public streets. I understand that I am solely responsible for my, or my child's, own safety, including use of proper safety practice and equipment. I agree to obey all laws, ordinances, and safety rules. 3. I also understand that fitness activities involve a risk of injury and even death and that I am voluntarily participating, or having my child participate, in these activities, and accept any and all risks of injury, or death. It is understood that there are inherent risks involved in exercising, including but not limited to musculoskeletal injuries, strain on muscles, joints and connective tissues, muscle soreness, muscle cramps, abnormal blood pressure, alterations in menstrual cycle, irregular heartbeat, light headedness, dizziness, nausea and in rare cases, even stroke, heart attack, and death. 4. I do hereby acknowledge that I have been informed of the need for a physician's approval for my, or my child's, participation in an exercise/fitness program. I also acknowledge that it has been recommended that I have, or my child has, a yearly, or more frequent, physical examination and consultation with a physician as to physical activities, exercise, and use of exercise and training equipment. I acknowledge that I have been given my physicians permission to participate, or that I have decided to participate in activity and use of exercise equipment and machinery without the approval of my physician. If it is my child participating, they have been given permission to participate from a physician, or that I have decided to allow them to participate in activity and use of exercise equipment and machinery without the approval of a physician. I do hereby assume all responsibility for my, or my child's, participation with Texas Triple Threat and activities.

I agree to the above waiver:

Participant Signature: _____

Parent Guardian Signatue: _____

Please mail form and payment to:

**Texas Triple Threat
7507 Cupflower Cove. San Antonio, TX 78249**