Charlottesville TRI CLUB

MEMBERSHIP APPLICATION

Name _____
First MI Last

Nickname _____

Address (Required for USAT Discount) _____

City _____ State _____ Zip _____

E-mail _____ Phone _____

_____
Date of Birth

_____
USAT Membership #

Prior athletic involvement and triathlon experience

_____

_____

I would like to help with the following (please check all that apply & required to select at least one):

- ☐ Race Volunteer
- ☐ Coaching
- ☐ Leading/Group Runs/Track Workouts
- ☐ Hosting Meetings
- ☐ Sponsorship
- ☐ Other _____

Must join one committee:

- ☐ Social
- ☐ Race
- ☐ Membership
- ☐ Training
- ☐ Finance
- ☐ Sponsorship

Membership Dues: $25.00 and $10.00 for each additional family member. Make checks payable to **Charlottesville Triathlon Club**. Please mail your check and signed application to:

Charlottesville Triathlon Club
P.O. Box 1522
Charlottesville, VA 22902

Liability and Waiver Release

In consideration of my membership in the Charlottesville Triathlon Club, I agree not to hold the Charlottesville Triathlon Club, or any of its members, event sponsors, or club sponsors liable for injury or damage, however casued, which may result from my participation in or volunteering help for any club directed or sponsored event, race, or meeting.

Signature _____ Date _____

Signature of Parent/Guardian _____ Date _____

WELCOME TO THE CLUB! WE'RE GLAD TO HAVE YOU.

4/09