



REGISTRATION FORM

PERSONAL INFORMATION

Full Name (as it appears on your driver's license*): _____

Nick Name: _____ Gender: Male / Female

Home Address: Street/P.O. Box: _____ Apartment: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____ Email: _____

Birth Date: ____/____/____ Age: ____ (Must be at least 18 years of age to participate) USAT Number: _____

Please list any medical conditions that we should be aware of including allergies (ex. pregnancy or asthma):

Employer: _____ Position/Title: _____

Education (last completed): High School / College / Post Graduate

Please rank your reasons for joining Peachtree Tri Club (1 as most important and 7 as least important):

____ Group Workouts ____ Information Sessions ____ Community Service Opportunity ____ Get In Shape

____ Meet New People ____ Others to Race With ____ Great Way to do First Triathlon

If you have a Facebook account, would you like to be added to the private Peachtree Tri Club group? ____ Yes ____ No ____ NA

PARTICIPANT FITNESS INFORMATION

I currently engage in athletic/sports/fitness activities: ____ Daily ____ 5-6 Days per Week ____ 3-4 Days per Week ____ 1-2 Days per Week ____ Almost Never

Have you ever completed a triathlon? (Please circle) Yes / No / Almost

Please rank each component of triathlon in order of your strength (1 as the best and 4 as the worst): ____ Swim ____ Bike ____ Run ____ Transition

I have completed the following distance triathlon races (indicate number completed): _____ Sprint (any distance less than Olympic)

_____ Olympic (.9 mile swim, 25 mile bike, 6.2 mile run) _____ Half Ironman (1.2 mile swim, 56 mile bike, 13.1 mile run)

_____ Ironman (2.4 mile swim, 112 mile bike, 26.2 mile run) _____ Other (any distance triathlon other than what has been listed)

Please list other races (ex. running, biking, swimming, etc.) completed:

List any previous or current athletic injuries: _____

Are you able to swim at least 2 lengths of a 25 yd/meter swimming pool without stopping? Yes / No*

***NOTE:** You must be able to swim at least 2 lengths of the pool in order to participate in the Group Swims at GA Tech.

GOALS & RACES

What are your goals and what races do you have planned for the upcoming year? (Ex. Train for half ironman, Complete first triathlon, Just hang out with others, etc.)

**This information is needed for your Buzz Card, the card you need for access to Georgia Tech's Campus Rec Center for swimming.*



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EMERGENCY CONTACT INFORMATION

In case of emergency, please notify:

Name: _____ Relationship: _____

Home Phone: _____ Mobile Phone: _____

RECRUITMENT INFORMATION

How did you hear about Peachtree Tri Club?

___ Referred by a friend (please list friend's name) _____

___ Brochure/Flyer/Business Card (please list location) _____

___ Expo/Event (please list expo/event) _____

___ Peachtree Tri Club Website

___ Other Website (please list website) _____

___ Other (please specify): _____

LIABILITY RELEASE

I, _____, intending to be legally bound, understand and agree that I am voluntarily participating (Print Name)

in Peachtree Tri Club (PTC) and any related group workouts, information sessions, community service events, races, and any other volunteer activities (Events) at my own request and at my own risk. I acknowledge that I am aware of the risks inherent in the Events and certify that I am physically fit, have not been otherwise informed by any physician and know of no restrictions imposed on me by my own physician that would in any way prevent me from actively participating in the Events.

In consideration of being permitted to participate in PTC Events, I, on behalf of myself, my successors in interest, heirs, assigns, and representatives, hereby fully release and agree to hold harmless Peachtree Tri Club and its affiliates, their officers, trustees, agents, employees, volunteers, mentors, coaches and representatives, successors and entities (be they individuals or organizations, singly and collectively), together with their insurers, of and from any and all liability, claims, damages or causes of action for any reason including without limiting the generality of the following: death, bodily injury, property damage or any other loss or inconvenience whatsoever suffered by me at any time hereafter occurring as a result of my voluntary participation in PTC Events (Liabilities).

I also agree to the following statements:

- I am at least 18 years of age. _____ (initial). All members must be at least 18 years of age.
I am aware the annual club dues are \$120. If I join in a month other than March of 2010, I understand my dues will be pro-rated from the month in which I join until the end of February 2011. I understand the pro-rated amount will be \$10 per month. _____ (initial)
I agree that I may cancel my membership with a written request within thirty days of signing this agreement for a 50% refund. _____ (initial)
I give permission for the free use of my name, picture and voice in any broadcast, telecast, website, print account or any other account in any medium associated with PTC. _____ (initial). Since there is no efficient way to monitor the use of your picture in anything we do, we will not be able to accommodate any requests to not use your picture.

Name (printed): _____

Signature: _____

Date: _____

Checks should be made payable to Peachtree Tri Club. The Registration Form and payment should be mailed to the following address:

Mari Fridenmaker
Peachtree Tri Club
P.O. Box 13626
Atlanta, GA 30324

For Office Use Only
Membership Number: _____
GA Tech: _____
Google: _____
Welcome: _____
Yahoo: _____
Committee Person: _____