



WILD DOG TRIATHLON CLUB



2017 - 2018 JUNIOR REGISTRATION

WDTC Membership 2017/18 : \$25

Race Fee: \$5 per race

Tri Vic Membership 2017/18 : \$32

One Day Membership: \$15

NAME..... ☐ NEW MEMBER FOR 2017-18

POSTAL ADDRESS..... ☐ RETURNING MEMBER

POSTCODE..... PHONE.....

DATE OF BIRTH/...../..... GENDER : Male / Female

To be eligible as a junior for the 2017-18 season you must be 5 and up to 12 as at 31/12/2017.

EMAIL ADDRESS (parents)

EMERGENCY CONTACT NAME.....PH.....

Do you hold a Swim Pass, a Season Pass or Aquatic Membership to the YMCA Leisure Centre Y / N

☐ Tick here to consent to the use of images (photos) taken of you at club events to be used for promotional purposes on the website and in the local press.

All personal information collected is held confidentially by the club and not shared with any third party.
By providing an email address you will be added to the e-mailout list for club news & events.

DECLARATION I..... hereby apply to be a member of the Wild Dog Triathlon Club inc. In the event of my admission as a member, I agree to be bound by the rules of the Club as set down by the members and in accordance with the constitution.

In consideration of my race entry, I, for my heirs, executors and administrators, release and forever discharge Wild Dog Triathlon Club Inc., its servants, agents and sub-contractors, all instrumentalities, the State of Victoria and Baw Baw Shire Council where this event is held and all sponsors, their agents, representatives and successors of all liabilities, claims, costs or expenses which I may have against them arising out of or in any way connected with my participation in this event, including all injuries that may be suffered by me before, during or after the event, I understand that this waiver includes all claims based upon negligence, action or in-action of any of the above parties and for breach of Contract.

I recognise the difficulty of this event and offer that I am physically fit to compete safely in this event and that I have not been advised otherwise by a qualified medical person and am competent to compete. I hereby acknowledge that I shall abide by the Rules of the event and the rulings of the event referee. I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during and after the event. I hereby acknowledge that I have sole responsibility for my personal possessions during the event.

SIGNATURE..... DATE/...../.....

Signed by a parent or legal guardian (if member is under 18).....

Please PRINT the name of the adult signing, and their relationship.

Name:.....Relationship:.....



PLEASE NOTE THAT CLUB MEMBERSHIP DOES NOT INCLUDE MEMBERSHIP TO TRIATHLON VICTORIA (TriVic). To join, go to

www.trivic.org.au

If you are a TriVic Member, please write your member number here:.....