

**Tri4Success Triathlon Club**  
Cranbrook/East Kootenay Region, BC  
**2016 CLUB MEMBERSHIP APPLICATION**

\* PRINT or /return via email - please print clearly (information is for club use only).

Last Name \_\_\_\_\_ FirstName \_\_\_\_\_ Initial \_\_\_\_\_  
Sex: Male \_\_\_ Female \_\_\_  
Birthdate: \_\_\_\_\_ Phone: \_\_\_\_\_ cell \_\_\_\_\_ or home \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ BC \_ Postal Code: \_\_\_\_\_  
Email: \_\_\_\_\_

**Tri 4 Success Club membership - check applicable type**

\_\_\_ ADULT \$15.00 Paid -> **Y**\_\_\_ **N**\_\_\_  
\_\_\_ Free – Youth Under 16  
\_\_\_ Family \$25.00 Paid -> **Y**\_\_\_ **N**\_\_\_ (completed forms must be signed/dated for **each** family member)  
\_\_\_ 'Active' COACH - FREE

**HealthCare #** \_\_\_\_\_ **Emergency contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**TRIBC** member: Yes # \_\_\_\_\_ No \_\_\_ **OR** Non-training membership \_\_\_\_\_

\*\*To train or participate in club activities, member must be covered by Tribc insurance, member responsible to register or have current Tribc membership! As a club member you can register with Tribc under our club name to receive a discounted rate towards membership. PAR-Q health form must be completed before participating in training programs - see coach.

**RELEASE AND INDEMNITY**

I, the applicant, on behalf of myself, members of my family, my heirs, executors Administrators and assigns, hereby forever release and hold harmless Tri4Success Triathlon Club and all representatives/coaches/executives and agents for any injury, loss or damage to my person or property howsoever caused, arising out of or in connection with my taking part in any Tri4Success Triathlon Club organized events/training and activities and notwithstanding that the same may have been contributed to or occasioned by the negligence of Tri4Success Triathlon Club representatives, coaches, sponsors or agents.

I have read and understand the above Release and Indemnity, and in witness thereof, I hereunder set my signature this day: \_\_\_\_\_ of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
**Signature** (or parent/guardian for U16)

\_\_\_\_\_  
Witness Name

\_\_\_\_\_  
Witness **Signature**

Desired level of training: Novice \_\_\_ Intermediate \_\_\_ Advanced \_\_\_ Coaching y/n \_\_\_

Current level within the sport of triathlon: Novice \_\_\_ Intermediate \_\_\_ Advanced \_\_\_ Coaching levels: \_\_\_\_\_

**Club contact:** Barb Fode  
[babfode@shaw.ca](mailto:babfode@shaw.ca) Or Via Facebook (Tri4Success Triathlon Club)  
250-489-5661