



# Membership Form 2018

<b>Member Information</b>	Name:	Date of Birth:							
	Postal Address:								
	Home Phone:	Mobile:							
	Email:								
	How did you hear of the program?								
<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Friend</td> <td style="text-align: center;">Website</td> <td style="text-align: center;">Current User</td> <td style="text-align: center;">Advertising</td> </tr> <tr> <td style="text-align: center;">Newsletter</td> <td></td> <td></td> <td></td> </tr> </table>		Friend	Website	Current User	Advertising	Newsletter			
Friend	Website	Current User	Advertising						
Newsletter									
Emergency contact:		Phone:							

Medical Information	Allergies	Medication
Does your child have a medical or physical condition that would affect their ability to participate or follow directions Yes / No		
Parent / Guardian Information		
Name		
Mobile Ph		
I acknowledge that participation in Exceed Triathlon Mini Marvels program by myself, family members and/or visitors is at our own risk. I understand that no liability of personal injury, loss or damage to personal effects is accepted by Exceed Triathlon Club or its employees whilst attending the program.		
Signed:	Date:	



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I do / do not give permission for the use of my daughters/son's photo or video image in the use of the clubs publicity or web site.

**Administration Use**

\$ 70.00 Fee paid      Yes      No