

Personal Details

Name _____
 Address _____

 Mobile (____) _____
 E-Mail _____
 Date of birth _____
 Sex Male Female

Parent / Guardian

Name _____
 Address _____

 Mobile (____) _____
 E-Mail _____

Triathlon Ireland

It is mandatory for all members of Trilogy Triathlon to be members of Triathlon Ireland. Trilogy charge a nominal fee of €1.00 to process such application.

I am not a member of Triathlon Ireland yet

I am already a 2009 member and my Triathlon Ireland Number is _____

SMS Service

Full Service—to Child Member (08_) _____
 Full Service—to parent Mobile (08_) _____
 (for both Parent & Child, tick both)
 No Service _____

Parental Consent for SMS _____
 (Please Sign)

Web Chat Service

Parental Consent for Web Chat _____
 (Please Sign)

Declaration

I hereby apply to join Trilogy Triathlon Club ("Trilogy") for Season 2009 (expires 31 March 2010).

In becoming a member, I agree to respect the rights, safety and welfare of all other members of the club and to conduct myself in a way that reflects the principles of the club. I agree to become a member of Triathlon Ireland (Associate, Senior or other) and to comply with the rules of Triathlon Ireland. I acknowledge that the committee, at their discretion, can review my membership on the grounds of behaviour likely to bring Trilogy or the sport of Triathlon into disrepute.

I understand that the activities of the club carry a risk of personal injury and in extreme cases, death. I hereby declare that I am fit to compete in club events, including but not limited to, scheduled club training sessions, coaching sessions, the 2009 Test Triathlon Series and the 2009 Test Duathlon Series, and that Trilogy Triathlon, its committee, officers and members, Triathlon Ireland and/or its agents, event organisers and/or marshals are not responsible for any injury (including fatal injury) loss, accident or damage, to my person or property, sustained as a result of my participation in Trilogy events and/or training sessions. I agree to waive the club, its officers and its members of any liability in the event of any such injury (including fatal injury) loss, accident or damage, to my person or property, sustained as a result of my participation in Trilogy events and/or training sessions occurring.

I acknowledge that it is Trilogy Club policy for all members to be also members of Triathlon Ireland. I understand that only Triathlon Ireland members participating in Trilogy training sessions are covered by the insurance policies of Triathlon Ireland. I accept that the responsibility for joining Triathlon Ireland rests with me.

I authorise Trilogy in collecting my personal information for the purpose of administering club membership by the Trilogy Committee, for members' communication purposes, and for entering me in triathlon, duathlon and other races at my request. I understand that my personal details will not be disclosed to any third parties without my prior notification or consent, and only then in respect of club events, race competition entry and other such activities that are required to administer the club, or which the committee deems to be of petition entry and other such activities that are required to administer the club, or which the committee deems to be of direct and clear member benefit. I agree to advise Trilogy when my details change.

I acknowledge that all members must act in accordance with all provisions in the club's constitution including the Codes of Ethics and Codes of Conduct set out in the appendix to the Clubs Constitution.

Signed _____ Date ___ / ___ / ___
 (by Parent / Guardian on behalf of child)

Parental Consent

The Undersigned, _____ the parent and natural guardian of _____ hereby acknowledges that he / she has executed the foregoing Declaration for and on behalf of the minor named herein, as the natural or legal guardian of such a minor. I hereby bind myself, and our executors administrators, heirs, next of kin, successors, and assigns to the terms of the foregoing Declaration.

I represent that I have the legal capacity and authority to act on behalf of the minor named herein, and I agree to identify and hold harmless the persons or entities mentioned in the forgoing Declaration for any claims made or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the foregoing Declaration or in the execution of this consent.

I hereby authorize any licensed physician, emergency medical technician, hospital or other medical health care facility ('Medical Provider') to treat the minor named for the purpose of attempting to treat or relieve any injuries received by said minor arising out of or relating to any event associated with Trilogy Triathlon. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries and any related conditions of said minor that may be encountered during the course of attempting to treat or relieve such injuries. I consent to the administration of anesthesia as deemed advisable during the course of such treatment. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor. I acknowledge that no warranty is being made as to the results of any medical treatment.

NOTE: Parent / Guardian must also sign Declaration above.

Signed _____ Date ___ / ___ / ___
 (by Parent / Guardian on behalf of child)