

Swim

Ride

Run



Membership Form *Minis*

Bendigo Triathlon Club
P.O. Box 275 Golden Square 3555

RACE DAY FEE \$5

Given Name: _____ Surname: _____

Email Address: (please complete) _____

Address: _____ P/Code: _____

Telephone: _____ Mobile: _____

Date of Birth: _____

How did you hear about the Bendigo Triathlon Club? _____

- I do not wish to have my photo used for promotional purposes for the Bendigo Triathlon Club
- I do not wish to receive promotional material from sponsors of the Bendigo Triathlon Club (email or postal)

My child wishes to become a member of the Bendigo Triathlon Club Inc.
My child and I agree to be bound by the rules of the Club.

Signature of the parent/guardian: _____ Date: _____

For under 18 year old members and their parents or guardian

As the parent/guardian of an under 18 year old Bendigo Triathlon Club member, I realise that Club races are on public courses and I accept responsibility for ensuring this Club member has the knowledge and skills necessary to compete without putting him/herself, other Club members or members of the public at risk.

Signature of the parent/guardian: _____ Date: _____

Please hand this form in on race morning.

www.bendigotriathlon.com