

Females in Training Inc (FIT)
 FIT (AWT), PO Box 40, Hughes, ACT 2605



Registration Form
All Women's Triathlon - Skills Clinic
 Yarralumla Bay
 Registration 8.30am Clinic 9-11am Sat 2 Feb 2002

First Name: _____ Last Name _____ DOB ___/___/___

Address: _____ Postcode: _____

Work Ph: _____ Home Ph: _____ -Mob: _____

E-Mail: _____

Emergency Contact: Name: _____ Phone: _____

Current Activity (please tick or describe):

	Not at all	1 or 2 times per week	3 or 4 times per week
Swimming			
Cycling			
Running			
Other (specify)			

Have you ever participated in a Triathlon?

THE FOLLOWING DECLARATION MUST BE SIGNED (participants under 18 must have parent/guardian countersign)

In consideration of the acceptance of my application to participate in the Skills Clinic organised by Females In Training (the club), I do hereby for myself, my heirs, executors, administrators and assignees release and forever discharge the club, person or persons appointed by the club to conduct an activity of the Clinic, the Commonwealth and any Commonwealth officer or employee and all other persons involved in the conduct of an activity of the club from all claims of damages, demands or actions whatsoever in any manner arising or resulting from my participation in an activity of the club.

I agree to abide by, and accept any decision made under, the articles of association of Triathlon ACT or any rules adopted by the Club for the conduct of triathlons or any other activity.

Signature: _____ Date: _____

Payment: \$20

Amount: \$..... Cash Cheque Card: Visa / Bankcard / Mastercard

Card Number: _____ Expiry Date: __ / __

Name on Card: _____ SIGNATURE: _____

Please make cheques payable to FIT by cob Thursday 31 Jan or bring to Registration

More Information call Rae Wells 6249 6436

Send to : Females in Training (Skills Clinic) PO Box 40 Hughes 2605