



We are pleased to welcome you to our club. Please insert the information below and return this form to:

**Membership Secretary, Simon Palmer, Potash Farm, Church Road, Crowfield, IP6 9TG**  
**☎01449 711906 email simon.palmer@talk21.com**

We use this information to keep you up to date with our events. We will keep details of all members on computer but your details are not intentionally shared with any other organisations. Seniors only fill in this side of the form. If you are under 16 years of age please ask for a Parent's or Carer's signature on the form overleaf.

**Please tick the relevant category**

**Family £20.00**       **Senior (over 18 yrs) £15.00**   
**Junior (18yrs and under) £5.00**  (See notes overleaf)      **Cheques payable to: Ipswich Triathlon Club**

Full Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M/F

Family Names (Family Membership Only)

\_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender M/F

\_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender M/F

\_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender M/F

Full Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Email Address (please print clearly) \_\_\_\_\_

First Claim Club (running / cycling, if not ITC): \_\_\_\_\_

**Disability information** *The Disability Discrimination Act 1995 defines a disabled person as anyone with 'a physical or mental impairment, which has substantial and long-term adverse effect on his/her ability to carry out normal day to day activities'.*

**Do you consider yourself to have a disability?      Yes       No**

If yes what is the nature of your disability?

Visual Impairment     Hearing Impairment     Physical Disability     Multiple Disability

Learning Disability     Other (please specify) \_\_\_\_\_

**NOTE: All members are expected to volunteer their help or to provide someone to help at one of the following events organised by the club. This will normally be on race day but can sometimes be the day beforehand to set up the course. Please tick to indicate your availability. (The 2010 dates were correct as at 12 December 2009)**

**Culford Triathlon (July 25)       Ipswich Junior Tri (Aug 29)       Ipswich Duathlon (Sep 26)**

**Ipswich Triathlon Club Handout (ITCH) is a regular club newsletter sent out by e-mail. If you are genuinely unable to access the internet and need ITCH posted please tick here.**

**If you would like your telephone number, email and location (not address) to be circulated to other members please tick here.**

**(Please note, the club cannot be responsible if other members pass on your information).**

**Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_**

**Notes for junior members and parents/carers**

1. It is part of the British Triathlon Code of Conduct that reasonable steps are taken to establish a safe environment where the young athletes can enjoy developing their triathlon skills.
2. Parents / Carers are quite welcome to stay and watch the session, but this is not compulsory.
3. Children are expected to remain in the session from beginning to end unless they have to leave early. If the child has to leave early or is being collected by someone other than the Parent / Carer, the Parent / Carer must advise the coach of the details of the arrangement including who will be collecting the child.
4. It is the young athlete's responsibility to participate in triathlon competitions in a sporting manner.
5. Any young athlete who persistently misbehaves or puts others at risk will be asked to leave the session.
6. It is the parent's responsibility to ensure that their child's bike is in a safe condition to ride.
7. A correctly fitting, approved cycling helmet **must** be worn at all times during the cycle coaching sessions.
8. For all children under 12yrs, coaching sessions will take place in a traffic free facility. However, some children (over 12yrs only) may be involved in coaching sessions that take place on the public highway. Children are only invited to take part when coaches feel they are sufficiently responsible for their own actions and have developed the necessary bike handling skills and fitness levels in order to cope with riding on the public highways. If you do not wish your child to be involved in these sessions then please tick the box below.

Please tick if you do not want your child to be involved in coaching sessions that take place on the public highway.  
(See note 8 above)

**Have you participated in any form of triathlon before? Yes  No  If yes please indicate where -**  
 Primary School  Secondary School  Club  Local Authority Coaching Sessions   
 Other (please specify) \_\_\_\_\_

**Medical Information**

Please detail below any important medical information that our coaches/club should be aware of (e.g. epilepsy, asthma, diabetes,) Medical condition(s) and recommended treatment/actions to be taken if symptoms occur

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you have any concerns about your child participating in any form of physical activity, then please consult your GP before giving permission for your child to take part in any coaching sessions.

**Emergency contact details to be completed by parent/carer**

Please indicate below the person that should be contacted in case of an incident/accident.

Contact Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Emergency contact number: Home \_\_\_\_\_ Mobile \_\_\_\_\_

**Parental Consent**

I, being the parent/carer of \_\_\_\_\_ have read the information contained on this form and hereby consent to him/her taking part in the coaching sessions and understand and agree that he/she participates in coaching sessions under instruction by British Triathlon coaches entirely at his/her own risk. I have considered the nature of such sessions and have discussed them with him/her. I am satisfied that he/she is sufficiently responsible and competent to assume full and entire responsibility for his/her own safety under the supervision of a British Triathlon coach. I confirm that he/she does not have disability or medical condition that could affect his/her ability to participate in training sessions.

**Signature (parent / carer)** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_