



Club Registration Form

2015 Triathlon Season

Parent Information

First Name: _____ Last Name: _____ Email: _____
 Address: _____ City: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____

Athlete Information

Name: _____ DOB: _____ Age: _____ Gender: _____
 Cell Phone: _____ Email: _____
 School & Grade: _____
 USAT Member (Y/N): _____ USAT Member #: _____
 How many triathlons has your child raced in? _____ T-Shirt Size: _____

Please check any that apply below

I own a wetsuit I own a road bike: I have competitive swimming experience:
 I have track or cross country experience:

Please note any other information regarding your child's athletic background:

Select Your Training Group

Note: The 2015 season will run from April 2nd through August 31st

	Training Group	Monthly Cost	See website for details on the benefits and requirements for each training group
<input type="checkbox"/>	Competition Team	\$100	
<input type="checkbox"/>	Satellite Member	\$50	

Registration Fee: There will be a \$50 registration fee



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Questionnaire

Athlete Name(s) _____

Is your child participating on a swim team or track team? If yes, please list the team(s).

Would you consider traveling to an additional Elite Cup? _____

Wisconsin Cup: June 7th

Des Moines Cup: July 12th

If your child qualified, would you attend the Junior Elite National Championships August 1st in Ohio?

How did you learn about the team?

Are you available to volunteer for the team?

<input type="checkbox"/>	Social Event Planning
<input type="checkbox"/>	Training Support (attend Saturday rides, trail runs, open water support, etc.)
<input type="checkbox"/>	Travel Planning
<input type="checkbox"/>	Team Promotion
<input type="checkbox"/>	Social Media (Facebook posting, managing photo library, etc.)

Other Comments:
