



Triathlon 101 – Spring 2010 Registration Form (Must be 18 years old to register)

First Name: _____ Last Name: _____

Phone: _____ Gender: M F Date of Birth: _____ Age: _____

Email (please write very clearly): _____

*WE MUST HAVE YOUR EMAIL ADDRESS IN ORDER TO COMMUNICATE WITH YOU ABOUT PROGRAM INFORMATION!

Emergency Contact: _____ Emergency Phone #: _____

Fleet Feet Sports/Triathlon Jersey Size: .

(circle one) Women's Men's (circle one) S M L XL

How did you find out about the program? _____

REFUND POLICY

If you discontinue the Fleet Feet Sports training program by May 3, you will receive a full refund minus \$20 fee for registration and processing. No refunds will be given after May 3. I understand that adverse weather conditions are a possibility and are out of the control of Fleet Feet Sports and the coaches. I understand classes may be cancelled due to adverse weather conditions, including weather service alerts for dangerous air or water quality. I understand that no refunds or make-up classes will be given in the event of cancellation for adverse weather conditions.

_____ By placing my initials here, I understand and agree to the terms of this policy.

WAIVER

In consideration of the foregoing, I, for myself, my heirs, executors, administrators, personal representatives, successors and assigns, waive and release any and all rights, claims, and causes of action I have or may have against Fleet Feet Sports and its affiliates, their agents, employees, volunteers, officers, directors, successors and assigns, Fleet Feet Sports, the City of Madison, Middleton, Verona or Fitchburg, YMCA, Middleton Cross-Plains Pool and any and all sponsors, their representatives and successors, that may arise as a result of my participation in the 2010 Triathlon 101 Training Program and any pre- and post race activities. I attest and verify that I am physically fit and a licensed medical doctor has verified my physical condition. Further, I hereby grant full permission to any and all of the foregoing to use any photographs, motion pictures, recordings or any other record of this event for any legitimate purpose, including commercial advertising without monetary payment to me. (This information is protected by the Privacy Act.)

Signature: _____ Date: _____

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EMPLOYEE USE ONLY

Employee Initials: _____ Date Paid: _____ Cash Check Charge

****Please mark paid and place in the Training Program binder at the front desk. Thanks.**



Triathlon 101 Questionnaire

1. Have you ever done a triathlon before? _____ If yes, How many? _____
What distances? _____ Date of last one you did? _____
2. What level of swimmer are you on a scale of 1-5 (5 being advanced, 1 being beginner)? _____
3. Have you ever swam in open water? _____
4. What do you consider your comfort level in open water with others? (circle one & make notes)
Scared
Uneasy
Comfortable
5. What level of biker are you on a scale of 1-5 (5 being advanced, 1 beginner)? _____
6. What level of runner are you on a scale of 1-5 (5 being advanced, 1 being beginner)? _____
7. What would you consider your strongest event? (circle one) Swim Bike Run
8. On a scale of 1-5 (5 being advanced, 1 being beginner), What do you consider your overall fitness level? _____
9. What is the average number of hours you train/exercise each week? _____
10. What is the longest single workout you have completed? _____
11. Why did you choose to participate in this program? _____
12. What is your goal for this program? _____
13. Do you have any medical concerns we should know about? _____
