

TRI CLUB APPLICATION

TEAM KELLY WHITE TRIATHLON TRAINING PROGRAM APPLICATION

Name: _____

Address: _____

Birth Date: _____

Home Phone: _____

Cell Phone: _____

E-Mail Address: _____

Are there any health concerns Kelly should be aware of?

Are there any medications you are taking that Kelly needs to be aware of?

List three emergency contacts:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

I enter into this triathlon-training program with the understanding that I do so in good physical health. By signing this application I fully indemnify the facilitator of this program et al, including, but not limited to, any parties involved. I furthermore understand all fees are due and payable upon completion of this application. These fees are non-refundable and non-transferable.

Signature: _____ Date: _____

Mail and make checks payable to: Kelly White P.O. Box 55, La Mesa 91944. Include insurance release form.

