



Chairman: Richard Swallow
 Secretary: Cathy Thompson
 Treasurer: Jo-Anne Kee

CLUB MEMBERSHIP FORM 2008

Please provide the following details:

Full Name:			
Address:			Postcode:
Telephone:			
Home:		Work:	
Mobile:			
Email:			
Date of Birth:		TI Reference:	

		Club fees
1	18 year olds and over	£20.00
2	Under 18 year olds	£10.00

Make cheques payable to HiElbow Triathlon Club

Please note:

ALL club members are required to take out Triathlon Ireland membership (at least associate license)
Under 14's should apply for a "youth" membership.

I agree to apply separately for my TI Licence and I am aware that I am not covered by insurance until I hold such a Licence. I agree to be bound by the Rules and Regulations of the HiElbow Triathlon Club, by the spirit of the laws of the sport of triathlon and by the Rules and Regulations of the Sports Governing Body. I declare that I do not suffer from any medical condition which would be a danger to others or to myself while participating in any physical activity organised by the HiElbow Triathlon Club.

For those members who are under 18 years old- you MUST have your parent/guardian complete the separate consent form. The HiElbow Triathlon Club fully supports the Child Protection Policy and will ensure the safeguard and welfare of all children and young people in our care. We will endeavour to protect them from any form of abuse brought to our attention which could involve consultation with the relevant authorities.

I enclose cheque / cash for £ _____ Date _____

Signed _____ Parent/Guardian (if under 18) _____

Do we have permission to circulate your details around our Club members as and when required?
 Please note: under 18's details will not be circulated - these are used for admin and emergency use only.

Please tick

YES		NO	
My details may be circulated as required	<input type="checkbox"/>	I DO NOT want my details circulated	<input type="checkbox"/>

Please tick

I wish to receive News Letters by email	<input type="checkbox"/>
I wish to receive News Letters by post	<input type="checkbox"/>

Please return forms and payment to:

Cathy Thompson. 33 Governors Gate, Hillsborough, Co.Down, BT26 6FE