

Registration Form (Cycle Skills Course)



Please complete application form and email to

Stadium Triathlon Club
contact@stadiumtriclub.com

1. Personal Information

NAME: _____

PHONE: _____

2. Session Options

Level 1: Saturday March 13 6.30am: _____

Level 2: Saturday March 13 8.30am: _____

Please indicate the type of bike you will be cycling

Please Choose; racer or triathlon bike _____ mountain bike _____
hybrid _____ not sure _____

Are you using cycling shoes and cleats?

Yes _____ No _____ Not sure _____

3. Payment

Level 1 Cycle Skills Level 1 \$50 _____

Level 2 Cycle Skills Level 2 \$50 _____

Level 1 & Level 2 \$90 _____

Payment Options:

Direct Debit: Account Name – Vitalogy

BSB 066130

Account 10290832

Please include Surname in the description line

Credit Card

Type (Visa etc.): _____

Name on Card: _____

Card Number: _____

Exp Date: _____ / _____

Or Cash / Cheque (payable to Vitalogy) at the Training Session

Method of Payment Will Be Via? _____

4. Medical Information

Do you have any injury or medical condition (either current or past) that may affect your ability to complete these sessions?

YES NO If yes, please specify

Are you aware, through your own experience or your doctors advice, of any other reason why you should not exercise without medical approval?

YES NO If yes, please specify

5. Disclaimer

I understand that the training sessions that I have agreed to participate in may involve:

1. swimming, cycling and running in and on public waterways, roads and paths and I will take reasonable steps to ensure my own safety and that of others and to obey all associated laws.
2. requires a level of effort that places stress upon the body and therefore risks are involved. These include, but are not limited to, injuries to muscles and tendons of the body. Every effort will be made to minimise these risks by ensuring all participants perform a thorough warm up and cool down during each training session.

I have read and understood all of the above and that any questions that may have occurred to me have been answered to my satisfaction.

Important:

Please inform us of any changes to the above information

SIGNATURE: _____

DATE: _____