

JUNIOR NOVICE AQUATHON ENTRY FORM Please complete all the relevant sections clearly in **BLOCK** capitals

Participants Surname: Participants First Names:

Address:

City/Town: Postcode:

Evening Tel. (inc. code): Mobile Tel. (inc. code):

E-mail address: Gender: Male / Female (delete as appropriate)

Date of Birth (dd/mm/yy):/...../..... **Age on 31/12/09 (in years):** (Ages between 8 and 14 yrs)

Age Category of Entry – please tick your category of entry:

- Tristart Start Category (8 years old on 31st Dec 2009) (Event distance: 50m Swim : 600m Run)
- Tristart 1 Category (9 or 10 years old on 31st Dec 2009) (Event distance: 50m Swim : 600m Run)
- Tristart 2 Category (11 or 12 years old on 31st Dec 2009) (Event distance: 250m Swim : 2Km Run)
- Tristart 3 Category (13 or 14 years old on 31st Dec 2009) (Event distance: 250m Swim : 2Km Run)

How many Aquathons have you taken part in (past 3 years): 3 or less (Novice) / 4 or more (Experienced)

All participants receive a T-Shirt as a memento, please indicate your size: **XXL - XL - L - M - S** (delete as appropriate)

Estimated Swim time: minutes seconds (Swimmers of similar ability start at the same time)

All entrants to British Triathlon registered events are required to be members of the Triathlon Association which provides them with public liability insurance and personal accident cover whilst taking part in the event. Non Triathlon Association members are asked to pay Day Membership to the Triathlon Association to ensure this in place. All corporate and relay team participants will be registered for day membership with the Triathlon Association.

Please tick the British Triathlon Membership category you are entering:

- Individual - As a BTA member (£10) (BTA Membership Number:) **Please Note: Licence will be required on the day**
- Individual - non BTA member (£15)

Medical Information: Please list any disabilities, illness, allergies or other problems of which we need to be aware:

.....

(For persons with a disability, please complete the self declaration - see the website: www.erewashtriathlon.com)

Emergency Contact Details (on the day of the event)

Surname: First Names:

Emergency Contact Tel. (inc. code) on the day of the event: Relationship to Participant:

Participant Declaration

I declare that as a condition of entry I accept that the organisers and their agents cannot be held responsible for any injury or loss, however caused, unless caused by the negligence of Erewash Borough Council. I am fully aware of the risks involved and the degree of fitness required for this event to take part. I agree to the terms and conditions of the event as stated on the triathlon website www.erewashtriathlon.com (a paper copy can be posted upon request).

Signature of Participant: Date (dd/mm/yy):/...../.....

Signature of Parent/Guardian: Date (dd/mm/yy):/...../.....

Parent/Guardian's Full Name (**BLOCK** capitals):

Please make cheques payable to **"Erewash Borough Council"**. Entries closing date: **Monday 27th July 2009**

Please send cheque and completed entry form(s) to: Erewash Novice Triathlon 2009, Sports & Health Development, Erewash Borough Council, Sandiacre Sports Centre, Nursery Avenue, Sandiacre, Derbyshire. NG10 5AE.

