

**TRIATHLON ENTRY FORM** Please complete all the relevant sections of this form clearly in **BLOCK** capitals

**Please Note:** If you are entering a Corporate Team or Relay Team, each team member must complete an entry form.

Team Name: ..... Are you the Team Captain: Yes / No

Surname: ..... First Names: .....

Address: ..... City/Town: .....

Postcode: ..... E-mail address: ..... Gender: Male  / Female

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

Date of Birth (dd/mm/yy): ...../...../..... Age on 31/12/10 (in years): ..... (Entrants must be aged 15+)

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

If you are a member of a **Triathlon Club** please state club name:.....

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

**Estimated 400m 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 category you are entering:** (Please note: BTA members will require their licence on the day)

- Individual - BTA member (£20.45) ..... (BTA Membership Number: .....) )
- Individual - non BTA member (£26.30)
- Corporate Team entry (£53.15 per team) ..... (Maximum of 3 participants per team entry)
- Relay Team entry (£26.60 per team) ..... (Maximum of 3 participants per team entry)
- Individual Concession - BTA member (£10.20) ..... [BTA Membership Number: .....] )
- Individual Concession - non BTA member (£14.30)

**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](http://www.erewashtriathlon.com))

**Emergency Contact Details (on the day of the event):** Emergency Contact Tel. (inc. code):.....

Surname: ..... First Names: ..... Relationship to you:.....

**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](http://www.erewashtriathlon.com) (a paper copy can be posted upon request).

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

Please make cheques payable to **"Erewash Borough Council"**. Entries closing date: **Friday 23<sup>rd</sup> July 2010 (Midday)**

Please send cheque and completed entry form(s) to: Erewash Novice Triathlon 2010, Sports & Health Development, Erewash Borough Council, Sandiacre Sports Centre, Nursery Avenue, Sandiacre, Derbyshire. NG10 5AE.

