
SARATOGA TRIATHLON CLUB

MEMBERSHIP APPLICATION

Name: _____ Birthdate: ____ / ____ / ____

Address: _____

City: _____ State: ____ Zip: _____

Home #: (____) _____ Work: (____) _____

Email: _____

M/F: ____ Age: ____ Occupation: _____

Spouse / Significant Other Name: _____

Children's Names: _____

USAT Member? Y/N USAT Number: _____

Do you consider yourself primarily a: Triathlete Duathlete Other: _____

Please circle a category that applies to you: Beginner Experienced Competitive

What are your goals for the upcoming season? _____

What are you looking for in a triathlon club? _____

Are you currently a member of a health club, running club, cycling club, etc.? If yes, which ones? ____

What is your best time to train? _____

Statement of Understanding: I _____ understand that the Saratoga Triathlon Club as an organization and/or club members shall not be held responsible for injury incurred at club sponsored training or club participation at race events; that there are inherent dangers in multisport training/events which include, but are not limited to: falling/contact with others, conditions or road/trail surfaces, head and/or cold weather injuries, water hazards posed by boats and/or other swimmers, the risks of cycling on roads with automobile traffic. I acknowledge such risks and assume responsibility for participating in Saratoga Triathlon Club events and social activities.

Signature: _____ Date: ____ / ____ / ____

Annual Membership Fee

Please make checks payable to Saratoga Triathlon Club

Single	\$40
Family	\$60
Enclosed	\$ _____

Mail to: Saratoga Triathlon Club
PO Box 4451
Saratoga Springs, NY 12866

www.saratogatriclub.com
Email: info@saratogatriclub.com