



MEMBERSHIP APPLICATION FORM

Surname: _____ **Title:** _____

If applying for family membership please write the names and d.o.b of other family members on the back of this form and include mobile numbers and e-mail addresses if you wish

First name(s): _____ **Ethnic origin:** _____

Address: _____

Postcode: _____ **E-mail:** _____

Telephone: (Home) _____ **(Mobile)** _____

Male: ☐ **Female:** ☐ **Age:** _____ **D.O.B.** _____

I enclose my membership fee:

£30.00 adults / £15.00 children and students in full-time education Family membership £50.00.

*** Cheques should be made payable to “Bolton Tri Club”**

Your club needs you

Bolton Tri Club is run entirely by volunteers and without them the club would cease to exist.

We would like every member to contribute in some way to the running of the club, many hands make light work and a better club. Could you help in any way or do you have any skills we could use?

PLEASE TICK:

- | | | | | |
|---|--|--|--|---------------------------------------|
| <input type="checkbox"/> Design/Publicity | <input type="checkbox"/> Collecting session fees | <input type="checkbox"/> Committee work | <input type="checkbox"/> Fundraising/Grant | <input type="checkbox"/> Applications |
| <input type="checkbox"/> At Events | <input type="checkbox"/> Coaching | <input type="checkbox"/> Spin/Bike maintenance | <input type="checkbox"/> Social Events | |

Or could you offer your service doing something else _____

☐ I agree to abide by the rules of Bolton Triathlon Club. I understand that the information provided above will be held on the Club membership database.

*** Please note that the email address provided will be added to an active mailing list, therefore we recommend you use a personal email account rather than a work one.**

Signed _____ Date _____

*** Please give completed forms and payment to a Club Committee member, or post to:
Catherine Jones, BTC Membership Secretary, 188 Bradford Road, Great Lever, Bolton, BL3 2HS**

Club use only:

Membership fee of £ _____ received on _____ (date) by Committee member/registration helper

Name: _____ Signed: _____

Details entered onto membership database: ☐ No ☐ Yes

Coaches informed of any medical conditions:

☐ No ☐ Yes - Details _____

Date _____ Signed (Membership Secretary) _____



OTHER FAMILY MEMBERS

FAMILY MEMBER 01:

Forname: _____ Surname: _____ D.O.B. _____

☐ Male ☐ Female Age: _____ Ethnic origin: _____ Email: _____

FAMILY MEMBER 02:

Forname: _____ Surname: _____ D.O.B. _____

☐ Male ☐ Female Age: _____ Ethnic origin: _____ Email: _____

FAMILY MEMBER 03:

Forname: _____ Surname: _____ D.O.B. _____

☐ Male ☐ Female Age: _____ Ethnic origin: _____ Email: _____

FAMILY MEMBER 04:

Forname: _____ Surname: _____ D.O.B. _____

☐ Male ☐ Female Age: _____ Ethnic origin: _____ Email: _____

BTC COACHING CONSENT FORM

Please fill out separate forms as necessary

PARTICIPANTS DETAILS

Name: _____

EMERGENCY CONTACT DETAILS

Name: _____

Relationship to participant: _____

Contact numbers - TEL: _____ MOB: _____

DETAILS OF ANY MEDICAL CONDITIONS/INJURIES/DISABILITIES

that may affect your safe participation in swim run/bike sessions and any safety measures that need to be taken e.g. asthma and having inhaler readily accessible:

DISCLAIMER

By signing this disclaimer you are accepting on your behalf, or on behalf of your son or daughter if 16 or under

* That you or they are taking part in sessions of your/their own free will, knowing that sessions will be supervised by a qualified coach and there will be lifeguard cover in place at pool swim sessions.

* That you or they are sufficiently competent in the water and fit enough to participate in pool swim training sessions without causing risk to self or others.

* That you are happy to take responsibility for your or their actions at training sessions and that Bolton Triathlon Club cannot be held responsible for any illness, accidents, injury or death.

Signature of member:

Signature of Parent/Carer if 16 or under:

Date:

Print Name of Parent/Carer if 16 or under: