

Junior Registration Form - Bethlehem Triathlon Club 2024

Name of Parent

Member: _____

Email: _____

Address: _____

Cell Phone: _____

Will the parent member be participating in BTC workouts? Please describe: _____

Name of Junior Member: _____ DOB _____

Age of Junior Member: _____ School and Grade as of 6/1/2024 _____

Junior member's previous/current swim coach: _____

(**please attach a current letter of recommendation**)

Junior member's swimming experience: _____

Junior member's experience with biking: _____

Junior member's experience with running: _____

Junior member's allergies and or medications: _____

Junior member's restrictions or other health concerns: _____

Junior member's goal(s) for participating in the Bethlehem Triathlon Club this season: _____

Will the junior member be racing this season? _____ If so, what race(s) and when? _____

Junior member's T-Shirt Size: _____

I also consent to photos and videos being taken at BTC events and races. These may be posted in public or private settings. _____

Parent signature: _____ Date: _____

Please return this form to:

Bethlehem Triathlon Club
PO Box 455
Delmar NY 12054

For Board Use Only:

Swim Test: Completed: _____ Date: _____ Board Member: _____

Dues Paid : _____

Parent signed BTC waiver: _____