



## Central Coast Triathlon Club Membership Application



Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Family Members: \_\_\_\_\_ DOB: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Home phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Email: \_\_\_\_\_

USAT Member # (if applicable) \_\_\_\_\_

### Annual Dues thru December 31, 2010

\$100 Individual     \$150 Family Membership     \$50 Full Time Students & Junior Athletes

Mail dues to :        **CCTC, PO. Box 1023, Pismo Beach, CA. 93448**

### Liability Waiver

In careful consideration of the foregoing, I for myself, my heirs / executors and administrators, waive and fully release any and all rights, liability and claims for damages against the Central Coast Triathlon Club (CCTC), its founding principals, volunteers, club sponsors and their representatives to any and all claims for damages, demands or actions whatsoever as a result of my participation by choice in the Central Coast Triathlon Club. That includes, but is not limited to, any risks associated with my participation in physical training , racing or special events sponsored or organized by the Central Coast Triathlon Club.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Family Member: \_\_\_\_\_

Parents Signature (if member under 18 yrs) \_\_\_\_\_