



**Registration form - September School Holiday Clinic  
Kawana Aquatic Centre  
22<sup>nd</sup> – 24<sup>th</sup> September 2015**

**Surname:**..... **First name:**.....

**Male/Female** **Date of birth:**.....

**Mobile**.....

**Bike (pick one) Road Bike / Mountain Bike / BMX**

**Emergency contact person**.....

**Emergency contact number**.....

**E-mail address:**.....

**Participated in Previous TryStars Clinic (pick one) YES / NO**

**Allergies / Injuries / Medical etc:** .....

.....

**Payment Details – Cash or Direct Debit – Due by 20<sup>th</sup> September**

Account Name: **Toby Coote**  
Bank Account Number: **0247 69937**  
BSB # **484 - 799**

**DECLARATION/INDEMNITY**

- 1 This form is not transferable. It is only valid for the person whose name appears above.
- 2 I agree that, whilst engaged in any of the activities of the Sunshine Coast Triathlon Academy., I do so entirely at my own risk.
- 3 In consideration of acceptance of membership, I, my heirs, executors and administrators, hereby waive all and any claim, right or cause of action which I or they might otherwise have for or arising out of loss of life or injury, damage or loss of any description whatsoever which I or others may suffer or sustain in the course of or consequent upon my participation in any Sunshine Coast Triathlon Academy activities.
- 4 This waiver, release and discharge shall be and operate separately in favour of all persons, corporations and bodies involved or otherwise engaged in the promotion or staging of said activities and the servants, agents, representatives and officers of any of them, and include but is not limited to the organizing committee, medical, paramedical practitioners and personnel, police officers and volunteers and shall so operate whether or not the loss, injury or damage is attributed to the act or neglect of any or more of them..
- 5 I declare that I will be fully responsible for the security and safe working order of all of my personal possessions and equipment used during any SCTA training session.
- 6 If I am aged under 18 years at the date of this declaration, I have the consent of my parents/guardian whose signature also appears on this declaration.
- 7 I agree that my personal details may be kept on a computerized retrieval system and that my address and contact details may be given to other club members.
- 8 I agree that the SCTA may use any photographs taken of me during club event/training in the club newsletter, website or social media
- 9 I certify that I have read this document and fully understand it.

**Signature of applicant:** .....

**Date:**.....

**Signature of parent/guardian (if under 18)**