

2019 HSTriClub REGISTRATION FORM

Please Print:

Mother's and Father's Names: _____

Family Address: _____

Mother's Cell Phone Number: _____ Mothers E-Mail: _____

Father's Cell Phone Number: _____ Father's E-Mail: _____

Paid # of ¼ zip Pullover requested # of Shirts requested

Kids Name High School Name or Home School	USAT #	Date of Birth	Kids Cell Phone #	Sex	Shirt Size	Email
1						
2						
3						

HSTriClub Participant Obligations:

1. To follow directions and show respect to coach and teammates, at all times.
2. To participate and be on time to practices.
3. To provide individual equipment – bike, running shoes, swim suit, goggles.

HSTriClub Participant Signature(s): _____

Parent Obligations:

1. To pay team fees as indicated: \$75.00 per child for the year if paid by Monday, March 31st; 2019
2. Multi child discount – 2nd kid is Free
3. To arrange transportation for your HSTriClub member to and from practices and Triathlon events.
4. If money is an issue please check the Scholarship box. No questions asked.

Scholarship

Please Note: *If you are paying by check, please make checks for your team fees to "HSTriClub". Mailing send to 457 Fox Trail, Lake St. Louis, MO 63367.*

As the responsible parent/guardian I understand the High School Tri Club does not provide insurance. I do hereby assume full responsibility for and on behalf of the above named HSTriClub member. In the event my child(ren) is injured while participating in any program sponsored by the HSTriClub, I agree to release the High School Tri Club, its board, its coaches, and its coordinators from all liability. I acknowledge that I have read, understand, and will comply with the preceding.

Parents/Guardians Signatures: _____



HIGH SCHOOL TRI CLUB TEAM

<http://www.hstriclub.org/>

HSTriClub@aol.com

www.facebook.com/MissouriHSTriClub

