

# 2022 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   
  Returning Member   
  New Member

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, swimsuit, goggles.

**HSTriClub Participant Signature(s):** \_\_\_\_\_

**Parent Obligations:**

1. To pay team fees as indicated: \$100.00 per child for the year if paid by March 14<sup>th</sup>; 2022. **Includes 1-year USAT youth membership for anyone born after 2003.**
2. Multi child discount – 2<sup>nd</sup> 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 459 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/>

[HSTriathlonClub@gmail.com](mailto:HSTriathlonClub@gmail.com)

[www.facebook.com/MissouriHSTriClub](http://www.facebook.com/MissouriHSTriClub)



# 2022 HSTriClub REGISTRATION FORM

PARENT PERMISSION & WAIVER OF LIABILITY FOR STUDENT PARTICIPATION IN HSTriClub. By signing below, I give permission for my child, \_\_\_\_\_, to participate in HSTriClub activities during the summer of 2020.

\_\_\_\_\_ (initials) I acknowledge that federal & state government officials have declared that there currently exists a public health crisis in our country related to the Coronavirus Disease 2019 (“COVID-19”).

\_\_\_\_\_ (initials) I confirm that I will not permit my child to participate in the program or activity if, at any time during the program or activity, my child is showing any symptoms of COVID-19 (including but not limited to fever, dry cough, fatigue, shortness of breath, chills, muscle pains). Additionally, I confirm that I will not permit my child to participate in the program or activity if, at any time during the program or activity, my child has been in contact with any individual diagnosed with COVID-19 or any individual currently waiting for test results confirming the possibility of a COVID-19 diagnosis. I agree that in such situations, my child will be unable to participate in the program or activity until: (i) 14 calendar days after the symptoms first appeared and my child is no longer showing any symptoms; or (ii) a healthcare provider has confirmed in writing that my child has tested negative for COVID-19 or that my child’s symptoms were not due to COVID-19.

\_\_\_\_\_ (initials) I understand that the HSTriClub cannot prevent the possible transmission or contraction of COVID-19 for my child.

The undersigned agrees to release, discharge, hold harmless and indemnify the HSTriClub, its agents, employees, officers, Board of HSTriClub members, insurers and others acting on the HSTriClub behalf (the “Releasees”), of and from any and all claims, demands, causes of action and/or legal liabilities for injuries to or death of my child occurring during, or resulting from, participation in the above-mentioned program or activity and related in any way to COVID-19, even if the cause, damages or injuries are alleged to be the fault of or alleged to be caused by the negligence or carelessness of the Releasees.

Signature: \_\_\_\_\_, Printed Name: \_\_\_\_\_  
(Parent or Legal Guardian)

Signature: \_\_\_\_\_, Printed Name: \_\_\_\_\_  
(Student)

Date: \_\_\_\_\_