



LFM TRIATHLON CLUB APPLICATION

Name: _____
(First) (Last)

Address: _____

Phone #: (H) _____ (C) _____

Date of birth: _____ Email Address: _____

Emergency Contact (name and #): _____

LFM Member: Yes No YMCA Member: Yes No

ATHLETIC INFO

Have you participated in any Triathlons? Yes ___ NO ___ How many? _____

List some Triathlons completed: _____

List any events you would like to train for: _____

What's your goal? Improve time: ___ Increase distance ___ Improve Swim ___ Improve bike ___ Improve run ___
Improve transition ___ Social aspect ___ No particular goal ___

INJURIES/MEDICAL CONDITIONS:

Current: _____

Previous (include dates): _____

*Completion of medical clearance form by physician required for participation.

Signature: _____ Date _____

Printed Name: _____