



**YMCA National Capital  
Triathlon Training Program ("YTri")  
2010  
YTri Club Membership**

**NOTE: Registration opens on January 8, 2008, 8 a.m.**

Please print clearly:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: M \_\_\_\_\_ F \_\_\_\_\_ Birth date: \_\_\_\_\_

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

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

Phone Home: \_\_\_\_\_ Work: \_\_\_\_\_

E-Mail: \_\_\_\_\_

YMCA Member # \_\_\_\_\_

*Attention Non-members: You must join the Y to participate in the triathlon program. The Y will waive the initiation fee if you sign up in January 2007.*

**The Membership fee is: \$50**

**The Activity fee is: \$15**

**Please make checks payable for \$65 to "YMCA National Capital".**

**Triathlon Masters Swim:**

\_\_\_ I DO \_\_\_\_\_ I DO NOT

want to participate in the triathlon masters swim program

Note: Space will be assigned on a first come, first serve basis.

**An additional fee of \$100 is required to enroll in the triathlon masters program.**

**Waiver**

I understand that the YMCA of Metropolitan Washington assumes no responsibility for injuries or illnesses which I may sustain as a result of my physical condition or resulting from my participation in any athletic activities, sports programs, and the use of any equipment, exercise or other activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk of any and all injuries and illnesses which may result from participation in these activities. I hereby release and discharge the YMCA of Metropolitan Washington, its agents, servants and employees from any and all claims for injury, illness, death, loss or damage which I may suffer as a result of my participation in these activities. I understand that the YMCA of Metropolitan Washington is not responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities on YMCA premises. I give my permission to the YMCA of Metropolitan Washington to use indefinitely, without limitation or obligation, photographs, film footage or tape recordings which may include my image or voice for purpose of promoting or interpreting YMCA programs. I acknowledge the WAIVER set for above.

**Signature of Participant** \_\_\_\_\_

**Date** \_\_\_\_\_