



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

**NEWBY Registration Form**

**NOTE: Registration opens on January 7, 2010, 8 a.m., and will close when we register 50 participants.**

Please print clearly:

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

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

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

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

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

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

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

*Attention Non-members: You must join the YMCA National Capital to participate in the triathlon program.*

**The enrollment fee is: \$200**

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


**Please make checks payable for \$215 to "YMCA National Capital".**

**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** \_\_\_\_\_

 **YMCA National Capital**  
**Triathlon Training Program (“YTri”)**  
**NEWBY Questionnaire**

Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

(Print extra clearly here!)

How'd you hear about this program?  
\_\_\_\_\_

1) What goals do you want to accomplish by participating in this program?

2) Have you ever competed in a triathlon, biathlon or marathon before? (Circle one) Y / N  
If yes, which ones & what distances?

3) Give a brief description of your athletic background.

4) List all physical activities in which you currently participate at least on a weekly basis. (If you spin at the Y, please note which classes you regularly attend.)

5) List & explain any injuries, ailments and/or physical conditions (like asthma, knee issues, heart condition) that may affect your ability to participate in this program?

6) Please list any outside distractions (work travel, family obligations, big projects) you think may prevent you from being 100% focused and dedicated to this training (be honest!).

7) With 1 being “never or rarely do” & 10 “being very proficient”, rate your current ability in:

Swimming

Biking

Running

8) Can you swim 200 meters without stopping?

9) What is your running pace? Providing your time for a mile or a finish time for a past race is fine.