



TEAM ClubSport 2010 Membership Form

March-November 2010 TEAM Cost: Free!

Name _____
Membership # _____ Date of Birth _____
Address _____ City _____ Zip _____
Home Phone _____ Cell Phone _____
Work Phone _____ Email _____

In Case of Emergency, Please Contact:

Name _____ Phone Number _____

Events: Run Bike Swim Tri
 Other _____

Races/Events Planned for 2010: _____

Volunteer Interests: Races Events Fundraisers Tailgate
 Other _____

Would You Like to Purchase Any of the Following?:

Size: _____ Bike Jersey Bike Shorts Run Singlet Tri Top
 Windbreaker Hat Socks

Medical Risk Factors

If you are under a doctor's care, you should get clearance from your doctor before participating in an exercise program. If any of the following medical risk factors apply to you, now or in the future, consult your physician before increasing your physical activity or proceeding with a fitness test or training program. While the Club endeavors to create a safe and healthy environment for all members, it does not retain physicians on staff. Therefore, it is up to each member to monitor their own activities and understand their limits.

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|--------------------------------|------------------|-----------------------------------|
| History of Heart Problems | Diabetes | Epilepsy or Seizures |
| Numbness in Shoulders or Arms | Asthma | Taking Medication |
| Fainting or Dizzy Spells | Recent Surgery | Unaccustomed to Regular Exercise |
| High or Low Blood Pressure | High Cholesterol | Allergic Reactions to Medications |
| Overweight or Underweight | Chest Pain | Allergic Reactions to Any Foods |
| Joint, Tendon or Muscular Pain | Pregnancy | Male Over 45 Years of Age |
| Sedentary Lifestyle | Smoking | Female Over 55 Years of Age |
| Recent Illness | Back Pain | |

I have read the above information and agree to follow all recommendations and guidelines as apply to me.

Signature: _____ Date: _____