



## TEAM ClubSport Membership Form

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

### 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: \_\_\_\_\_

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.

History of Heart Problems  
Numbness in Shoulders or Arms  
Fainting or Dizzy Spells  
High or Low Blood Pressure  
Overweight or Underweight  
Joint, Tendon or Muscular Pain  
Sedentary Lifestyle  
Recent Illness

Diabetes  
Asthma  
Recent Surgery  
High Cholesterol  
Chest Pain  
Pregnancy  
Smoking  
Back Pain

Epilepsy or Seizures  
Taking Medication  
Unaccustomed to Regular Exercise  
Allergic Reactions to Medications  
Allergic Reactions to Any Foods  
Male Over 45 Years of Age  
Female Over 55 Years of Age

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

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