Registration Form 2013 Kitsap Tri Babes

Name:	Phone Number:
LEGIBLE Summer Email:	
Address (including zipcode):	
Emergency Training & Event Day Cont	act (name & number):
Any health issues/injuries you'd like Th	ne Tri Turtle to be aware of:
Medications currently taken:	
What is your reason for joining the Tri	Babes/what do you hope to gain from the training?
What is the biggest fear or concern you	have about training and/or Race Day?
	erstand the following: All information is confidential. It will only be accessed by someone hen be given to the appropriate EMT personnel. Your signature here authorizes medical
Signature:	
~	ropriate category AND realize that this payment does thlon Event; it ONLY covers payment for training):
Tri Babe Veteran Fee: \$75 for those w previous year. (Make checks payable to	omen who have paid the Tri Turtle for training in any: Tri Turtle Wellness)
☐ Tri Babe Newbie Fee: \$150 for those w before. (Make checks payable to: Tri Tu	vomen who have never paid the Tri Turtle for training artle Wellness)
CRUCIAL QUESTIONS: ~ Which triathlon/s are you planning to con-	mPLETE in 2013?
~ Are you effectively receiving emails from	m the Tri Turtle? Yes \(\square\) No \(\square\) (if no, provide clarifying info)
*** Place mail (1) Pagistration (2) Fee and (2) W	Voivor to: Tri Turtla Wallness 2801 Centu I n. N.W. Sashack WA 08280***

^{***} Please mail (1) Registration, (2) Fee, and (3) Waiver to: Tri Turtle Wellness, 2801 Cantu Ln. N.W., Seabeck, WA 98380***

*** NO REFUNDS – your payment covers a 3 month training schedule, weekly Interval Trainings, and Tri Tips regardless of whether you do or do not attend the twice weekly Group Trainings. ***

Official Liability Waiver 2013

(Must be signed in order to train with the Kitsap Tri Babes Group)

*** Mail Registration, Fee, and Waiver to: Tri Turtle Wellness, 2801 Cantu Ln. N.W., Seabeck, WA 98380***