

Registration Form
Leicester Tri Club Juniors



Please complete one form for each child.

Name of Child	
Address	
Date of Birth	
Please state any known medical conditions/disabilities	
Prescribed Medication	
Any special dietary requirements	
Name of Parent/Guardian	
Contact details for Parent/Guardian	
Home	
Mobile	
e-mail	
Alternative contact details	

Leicester Triathlon Club may, from time to time, take photographs for use in publications relating to the tri club, e.g. for use on the Club website, in publicity material and to promote the sport of triathlon. If you do not wish your child to be photographed for the said purposes, please place a cross in the box.

Signed.....
(Parent/Guardian)

Date.....2008.