

Chicago Athletic Clubs Triathlon Club

2012 Registration Information

Name **Date** **Phone**

Address **Zip**

Name of Emergency Contact **Phone**

E-mail: _____ **USAT #:** _____

_____ **Month-to- Month Membership- \$55/mth** (\$50 before 2/6, \$55 before 3/5)

_____ **Nonmembers- \$110 per month** (\$100 if join by 3/5/12)

(account will be charged the first business day of each month)

Pay by:

___ Credit Card or Checking Account currently on file (required for members)

___ New Credit Card # _____ Exp Date _____
(required for nonmembers)

In consideration of the foregoing, I, for myself, my heirs, executors, administrators, personal representatives, successors and assigns, waive and release any and all rights, claims and courses of action I have or may have against Chicago Athletic Clubs and its affiliates, their agents, employees, officers, directors, successors and assigns and any and all sponsors, their representatives and successors, that may arise as a result of my participation in CAC's Triathlon Training and any pre- and post- event activities. I acknowledge that CAC is in no way responsible for any harm that may occur to my person as a result of outdoor or indoor training. I attest and verify that I am physically fit and am trained for this event. I also acknowledge that there are no refunds or prorates for this training session. Should I cease to train with the group, I am still obligated to pay the amount of training in full. Monthly memberships must be cancelled by the 20th of the month to stop payment for next month. All memberships are non-refundable and non-transferable. I hereby acknowledge that I have read and understand the aforementioned waiver.

Signature _____ Date _____

I authorize CAC to charge my account with the above charges.

Thanks for joining! A Tri Club Coach will be in touch with you by e-mail very soon. See you at practice!