

# 2012 TRIATHLON TRAINING GROUP REGISTRATION and HEALTH & EXERCISE HISTORY



(Please complete form legibly and completely)

Name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address \_\_\_\_\_ Gender M \_\_\_\_\_ F \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone Nos. ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
 E-Mail address \_\_\_\_\_

### In case of an emergency, contact:

Person 1 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone # \_\_\_\_\_  
 Person 2 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone # \_\_\_\_\_

### GROUP(S) JOINING:

### COST:

_____ Strength & Core Training for Triathletes (January 18 – March 10, 2012)	\$250 (+ 18.59 tax) = <b>\$268.59</b>
_____ Jay Benson (March 20- May 13, 2012)	\$299 (+22.24 tax) = <b>\$321.24</b>
_____ Goleta Beach, CA [ ] sprint [ ] Olympic (May 30 - July 29, 2012)	\$350 (+ 26.03 tax) = <b>\$376.03*</b>
_____ Patriot Triathlon (July 17- September 9, 2012)	\$299 (+22.24 tax) = <b>\$321.24</b>
_____ Elephant Man (July 17 - September 30, 2012)	\$399 (+ 29.66 tax) = <b>\$428.66*</b>

\* Includes scheduled open water swim practices for free – either at Cochiti Lake or another location.

*If you are a previous Team FIT FUN Member, please take 5% off the prices above. If you refer a friend who also joins the group, you are eligible for an additional 5% discount per friend, up to 20% total. Please speak to FIT FUNdamentals to determine the amount you will owe.*

### PLEASE COMPLETE THE FOLLOWING QUESTIONS ABOUT YOUR EXERCISE AND HEALTH HISTORY.

If you have not done some or any of these things below put none or not done. You do not have to have any tri experience to be a part of the triathlon training groups (if goal is an Olympic distance, please talk to FIT FUNdamentals before registering). You do need to be able to swim one lap in a pool unassisted, and must have your own bicycle, bike helmet, swim goggles and running shoes in order to participate in the race training groups.

Have you ever participated in a triathlon - if so, when and what were the distances? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your current (last 3 months) exercise routine (how many days per week, for how long, what activity, etc)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your current swim distance or time on any given workout (how many days per week, for how long, what activity, etc)? \_\_\_\_\_  
\_\_\_\_\_

When did you last swim that distance or time? \_\_\_\_\_

What is your current cycling distance or time on any given workout (how many days per week, for how long, what activity, etc)? \_\_\_\_\_  
\_\_\_\_\_

When did you last cycle that distance or time? \_\_\_\_\_

What is your current run distance or time on any given workout (how many days per week, for how long, what activity, etc)? \_\_\_\_\_  
\_\_\_\_\_

When did you last run that distance or time? \_\_\_\_\_

What is your goal for this training group? \_\_\_\_\_

Does your physician know you are participating in an exercise program? \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Address: \_\_\_\_\_

Physician's Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Do you have any fitness or health concerns that should be addressed before you start this group training? If so - please describe. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you had any injuries in the last year? \_\_\_\_\_ If yes, please describe the injury (when, what, how severe), the treatment for it, and when it was healed or recovered. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently taking any medications, prescription or over-the-counter? \_\_\_\_\_ If yes, please list:

**Do you now have, or have you in the past (mark yes or no for each question)**

Yes No - Been diagnosed with cardiac or pulmonary disease?

Yes No - A family history of cardiac or pulmonary disease prior to the age 55 in males or 65 in females?

Yes No - Been diagnosed with high blood pressure (greater than 140/90)?

Yes No - Been diagnosed with high blood glucose (greater than 110, fasting) or diabetes?

Yes No - Have a serum cholesterol greater than 200 mg/dL?

Yes No - Have HDL greater than 60 mg/dL? (yes is a positive offset to total high cholesterol)

Yes No - Have any metabolic diseases (thyroid, renal, liver)?

Yes No - Have any joint disorders (arthritis, osteoporosis, osteopenia)

Yes No - Pregnancy (within the last year)?

Yes No - Chronic back pain, or other muscle joint or back disorder?

Yes No - Any chronic illness or condition?

Yes No - Recent surgery (in last 12 months)? If so, what kind? \_\_\_\_\_

Please explain any of the above: \_\_\_\_\_

**WAIVER AND RELEASE:**

I know that participating & volunteering in exercise training & races are potentially hazardous activities. I should not enter and participate in these activities unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete an event. I assume all risks associated with swimming, biking, running and other group activities including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application, I, for myself and anyone entitled to act on my behalf, waive and release FIT FUNdamentals, and all its employees, sponsors, their representatives and successors, from all claims or liabilities of any kind ensuing out of my participation in these group activities even though that liability may arise out of negligence or carelessness on the part of the persons or entities named in this waiver.

I grant permission to all the foregoing to use any photographs, motion pictures, video or audio recordings or any other record of this training group or any other event for any legitimate purpose.

I understand that radio or mp3 headsets of any kind are not allowed in any race, and I will abide by this guideline. I agree to wear an ANSI approved helmet for all cycling activities, and understand that I will not be allowed to participate if I do not have one.

SIGNATURE: \_\_\_\_\_ PRINTED NAME \_\_\_\_\_

(Parent or Guardian must sign for a child under the age of 18 years)

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ PRINTED NAME: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

Return to: FIT FUNdamentals  
2105 Golf Course Rd, SE  
Suite A  
Rio Rancho, NM 87124