



**MADISON MULTISPORT JUNIOR TRIATHLON TEAM
REGISTRATION FORM & ATHLETIC BACKGROUND 2017**
(parents and athletes are encouraged to fill this out together)

ATHLETE

Name _____ dob ____/____/____ Age _____

Address _____ City _____ State ____ Zip _____

Phone numbers (cell) _____ (home) _____

Email _____ Female ____ Male ____

Emergency Contact (primary): _____ (phone): _____

Emergency Contact (secondary): _____ (phone): _____

MEDICAL HISTORY

Medications: _____

Allergies: _____

Anything that may preclude you from full participation in this sport? _____

ATHLETIC EXPERIENCE (include years in sport, prior coaching, skills, etc.)

Swimming: _____

Biking: _____

Running: _____

Other: _____

Rank your sports by strength (with "1" being your strongest sport):

- a.) Swimming _____
- b.) Biking _____
- c.) Running _____

List the areas in each sport that you want to improve (i.e. technique, endurance, strength, race speed):

- a.) Swimming _____
- b.) Biking _____
- c.) Running _____
- d. Transitions _____

PROPOSED 2017 RACING SCHEDULE (If unsure, this can be completed with the coaches)

Date	Race	Primary Goal

SIGNATURE

Athlete: _____ Date: _____

Parent: _____ Date: _____

PAYMENT

\$150 payable to Madison Multisport, PO Box 620403, Middleton, WI 53562.

Questions? Please contact Brian Oliver.
Phone: 602-571-1072 or E-mail: boliver3@wisc.edu