

PENINSULA MULTISPORT CLUB

APPLICATION INFORMATION		
Name:		
Date of birth:	Phone:	Cell#:
Address:		
City:	Prov:	Postal Code:
Fax:	Care Card #	
Email :		Alternate email:
Doctor's Name & Phone:		
TRI BC #		Club Mem#
Where did you hear about us?		
EMERGENCY CONTACT		
Name :		
Address:		Phone:
City:	Prov:	Postal Code:
Spouse Information if joint membership		
Name:		
Date of birth:	Care Card #	Phone:
Email :		Alternate email:
Doctor's Name & Phone:		
Tri BC #		Club mem#
<p>Waiver of Liability: In consideration for joining your club, I the undersigned, intend to be legally bound, hereby, for myself, for my family, my heirs, executors and administrators, forever waive, release and discharge, any and all rights and claims for damages and cause of suit or action, that I may have at any time against Peninsula Multisport Club, all Peninsula Multisport Club officials, coaches or members, run leaders, volunteers and sponsors of the club, for any and all injuries suffered by me as a result of participating in club functions, training events, or races.</p>		
Signature of member:		Date:
Signature of spouse <i>(for a joint membership):</i>		Date:
This area is to be completed by a club executive member only.		
<input type="checkbox"/> TRI BC Form <input type="checkbox"/> Membership Form <input type="checkbox"/> Par Q Form <input type="checkbox"/> Club Fee \$100.00		
Club Director accepting:		



*We promote and train individuals in their multisport endeavors. We assist athletes of all abilities to obtain THEIR personal goals. We help make your athletic achievements **extraordinary**.*