



**WISCONSIN JUNIOR TRIATHLON TEAM
REGISTRATION FORM & ATHLETIC BACKGROUND 2015**
(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 _____

2015 GOALS

List your top 2 athletic performances (can be in any sport), as well as your 2 most important goals for 2015:

My #1 best performance: _____

My #2 best performance: _____

My #1 goal for 2015: _____

My #2 goal for 2015: _____

PROPOSED 2015 RACING SCHEDULE (If unsure, this can be completed with the coaches)

Date	Race	Primary Goal

SIGNATURE

Athlete: _____ Date: _____

Parent: _____ Date: _____

PAYMENT

\$350 payable to Wisconsin Junior Triathlon Team, PO Box 620403, Middleton, WI 53562.

Questions? Please contact Cindi Bannink.
Phone: 608-345-9712 or E-mail: cindi@wisconsinjuniortriteam.com.