

ANTIGUA AND BARBUDA TRIATHLON ASSOCIATION

P.O.BOX W1528

ST. JOHN'S, ANTIGUA W.I.

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Tel: 268 463 7952

REGISTRATION FORM

Trans-Antigua Half Marathon, 5th December 2010

Please Print

Name: _____ Date of Birth: Day _____ Month _____ Year

Gender: Male ____ Female ____

Address:

For minor: Name of Parent/Guardian: _____

Telephone Number:

Work: _____ Home: _____ Email _____

In case of emergency, please contact: _____

Age Group and category.

____ 8- 12 years , ____ 5km walk or ____10km walk (Either accompanied by an adult or as a school team with the correct supervision – 1 adult to 15 children, school teams entered for either distance walk should stay together)

____ 13 - 15 years , ____ 5km walk or ____10km walk or ____5km run

____ 16 - 18 years , ____ 5km walk or ____10km walk or ____5km run or ____10km run

____ 19 and up , ____ 5km walk or ____10km walk or ____5km run or ____10km run or ____ ½ marathon

Team entry

Name of Team: _____ (In the case where an entry forms a part of a group of individuals that plan to partake in a particular category, together)

Name of Organization: _____

Name of school: _____

Waiver of Liability: I agree to voluntarily assume all risks of loss, damage, or injury that may be sustained while participating in an Antigua & Barbuda Triathlon Association activity. The ABTA assumes NO responsibility for costs involved in injury or property damage incurred in connection with an Antigua & Barbuda Triathlon Association activity. Individuals should review their own insurance in case of injury. A complete physical is recommended before participating in any physical recreation program.

Signature: _____

For Minor: _____

Date: _____

Signature of Parent/

Guardian: _____

Registration Fee:

20EC Dollars

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For official use only:

Sponsor: _____

Registration #

Position:

Time:

Other comments: