



TEAM ENTRY FORM

The Narembeen Triathlon - Saturday, 26th March 2022
To Commence at 3.00pm (Participants to be there at 2.30pm)

ENTRY FEE (per person)

Adult \$10

Primary and High School (under 16yrs) \$5

LATE ENTRY FEE \$5 extra per person

TEAM NAME: _____

TEAM COORDINATOR: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

EMAIL: _____

Category (please tick box):

- | | |
|--|--------------------------|
| Little Athletes (Kindy, PP, Year 1 + 2) (50m swim, 1.25km bike, 650m run) | ☐ |
| Bigger Athletes (Year 3 - 6) (100m swim, 2.5km bike, 1.25km run) | ☐ |
| High School Athletes (Year 7- 10) (100m swim, 2.5km bike, 1.25km run) | ☐ |
| Open Short (14years and up) (200m swim, 5km bike, 1.5km run) | ☐ |
| Open Medium (375m swim, 10km bike, 2.5km run) | ☐ |
| Open Enduro (700m swim, 20km bike, 5km run) | ☐ |

Return Entry Form, Fee and Declaration by Monday, 21 March 2022

To: Narembeen CRC, 2/19 Churchill St, Narembeen WA 6369
Telephone: 9064 7055 Fax: 9064 7052 Email: crcreception@narembeen.wa.gov.au

SECTION	AGE	FIRST NAME	SURNAME
SWIM			
BIKE			
RUN			

**DECLARATION
(ALL ENTRANTS MUST SIGN)**

I hereby acknowledge responsibility of my personal athletic equipment. I hereby waive all and any claim, right or case of action which I might otherwise have for or arising out of my life or injury, damage or loss of any description whatsoever which I may suffer or sustain in the course of, or consequent upon my entry or participation in the said event.

I hereby declare that I am physically fit and have undertaken adequate training for the event. I will fully accept the decision of the race director if I am disqualified for any infraction of the rules or regulations governing Triathlons and if so directed, I will not take any further part in the event.

I hereby agree that in the event of storm, rain, inclement winds, extreme heat, the organisers of the event have the right to modify or cancel the event and my entry fee shall not be refundable.

ALL PARTICIPANTS MUST SIGN THE INDEMNITY AND DECLARATION AND INCLUDE DATE OF BIRTH. IF UNDER 18 YEARS OF AGE A PARENT OR GUARDIAN MUST SIGN.

PARTICIPANT / PARENT SIGNATURE: _____
DATE OF BIRTH: _____

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DATE OF BIRTH: _____

DATE OF SIGNATURES: _____