

St. Xavier Triathlon Club

(Print LEGIBLY!)

Your First and Last Name _____

Graduating Year (circle one) '30 '29 '28 '27 '26 '25 '24 Date of Birth _____

Cell phone # _____ Height _____ Shoe size _____

Home Address _____

Student's Email Address _____

Parents' Information:

Mother's name _____ Email _____ Phone _____

Father's name _____ Email _____ Phone _____

Have you ever done a triathlon, duathlon, or multi-sport race?

No / Yes (list) _____

Anything else you'd like to share about your interest, background, experiences, questions, whatever...

_____ (continue on back if needed)

Do you have any family members involved in triathlon? Yes / No - Who? _____

Do you own (or have access to) a road/triathlon bike? Yes / No

Are you involved in any other sports/activities? List _____

Currently or ever been on a swim team? Yes / No

How likely are you to participate? (circle on scale of 1-10)

1 2 3 4 5 6 7 8 9 10

Doubtful > Curious > Possibly > Likely > Probably > Count me in!

