



## TEAM APPLICATION



### Team Mission:

*Tampa Bay Tri-Sports is a USAT affiliated adult and youth triathlon club dedicated to the educational, coaching, and training pursuit of the sport of triathlon, general physical fitness, healthy lifestyle and the representation of the sport of triathlon to youth and adult athletes.*

### General Information:

- TBTS will provide coaching expertise in each of the three disciplines of triathlon
- TBTS will be composed of two teams: Adult Team and Jr. Elite Team
- Jr. Elite Team: 10 – 18 years old
- Adult Team 18 and over
- Jr. Elite Athletes must possess the following equipment at a minimum
  - Road Bike - single speed bikes and mt bikes will not be allowed
  - Bike Helmet
  - Water bottles
  - 2 pairs of swim goggles, swim cap, towel
  - Yoga or exercise mat
  - Running shoes – sneakers will not be allowed
  - Appropriate sports wear for running, swimming and biking
  - Transition Gear Bag (back pack)

- Athletes must register as USAT members
- Athletes are required to consult their physician prior to joining the team

## **Event and Special Event Schedule:**

- The team will generally compete in at least two team sanctioned events per month year round, which may include running races, youth specific triathlons, adult triathlons (as a relay team and individually), duathlons, bike events and other athletic events as deemed appropriate.
- Event and race fees are per event and are not included as part of the membership fee.
- It is up to the parents and athletes discretion as to which events they participate in.

## **Team Membership Fees:**

- Membership fee for the 2007 – 2008 season is \$50.00 individual, and \$75.00 family
- Only one t-shirt is included in the family membership. Additional t-shirts may be purchased for \$25.00 ea
- There is a discount of 25% for additional children/additional family members from the same family.
- The membership fee is due in full at sign up.
- Membership fee does include a dry fit team t-shirt
- Membership fee does not include team uniform

# Tampa Bay Tri-Sports Athlete 2008 Season

**Section to be completed by the athlete:**

Why do you want to be on a triathlon team?

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What is your favorite sport out of the 3 triathlon sports?

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What are your goals this season?

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What are you most excited about this season?

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How many races did you participate in last year?

Running \_\_\_\_\_ Swim Meets \_\_\_\_\_ Triathlons \_\_\_\_\_

Which areas will you volunteer to help with?

Running \_\_\_\_\_ Cycling \_\_\_\_\_ Swimming \_\_\_\_\_

Administrative \_\_\_\_\_ Race/event Coordination \_\_\_\_\_

Do you have any contacts that would be willing to become a sponsor of the team? If so, please list how best to contact the potential sponsor.

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Do you have any contacts that would be willing to provide discounted services to the team?  
(printing, web-hosting, bike maintenance, insurance, legal services, facilities for training, parties, storage, etc.)

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How much time per month are you willing to dedicate to the team on a monthly basis and what areas are you going to assist the team during the 2007 – 2008 season?

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## **Athlete Information:**

### **Section to be completed by the athlete:**

Name of Athlete \_\_\_\_\_  
(Separate application required for each family member)

Age as of December 31, 2008) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

DOB \_\_\_\_\_

Current USAT membership # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Height (as of 01/01/08) \_\_\_\_\_

Weight (as of 01/01/08) \_\_\_\_\_

Eating Habits: Healthy \_\_\_\_\_ % Junk Food \_\_\_\_\_ % Fast Food \_\_\_\_\_ %

Medical information (list any medical information that the coaches should be aware of and medications)  
(Please attach dr's physical form from school)

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## **Emergency Contact :**

Name(s)

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Address (s)

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Phone:

(H) \_\_\_\_\_

(W) \_\_\_\_\_

(C) \_\_\_\_\_

Email Address:

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Primary Emergency Contact \_\_\_\_\_

Phone \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_

Phone \_\_\_\_\_

Please list any food item that you are allergic to or has shown symptoms of allergic reaction

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**Please read carefully before signing:**

**Refund Policy:**

Once your application is approved for TBTS, your spot is guaranteed for the season and therefore there will be NO refunds after the fourth team practice for jr. elite members. The four practices will allow both, the coaches, athlete and parents to determine if the team and the athlete are good fits. There will be no refunds for adult members

**Athlete Waiver:**

I \_\_\_\_\_ (print name) am agreeing to participate on Tampa Bay Tri-Sports Team for the 2008 season. I agree to hold all coaches and volunteers, USAT and its all affiliated persons, harmless in the event of an accident injury and or loss. I understand that participating in triathlon is a vigorous activity and have consulted with my physician prior to participating on the team and the physician has agreed that the strenuous activity of triathlon is appropriate for me to participate in. I am attesting that I am a current member of USAT. Team equipment is to be respected and maintained without unnecessary abuse. I understand that it is my responsibility to ensure that I have the appropriate equipment listed under “general information” I am aware that as a member, I am requested to support the team with volunteer support/commitment

**Athlete / Signature:**

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Athlete

Date: \_\_\_\_\_

*(Junior Elite information continued below)*

## **Jr. Elite Practice Schedule:**

- Team will practice two times a week from the end of September to the beginning of July.
- Practice locations will be TBA and will clearly be communicated in advance of the practice
- Practices will be held on Mondays and Wednesdays.
- Practices will focus on running, conditioning and plyometric exercises, transition skills, cycling and bike handling skills and BRIC training.
- The Jr. Elite Team will practice from 4 – 5:30PM
- Every effort should be made to participate in all practices associated with each discipline, and not just one discipline.
- Each athlete is responsible for being dressed appropriately and bringing the necessary gear to each practice (no jean shorts, sketchers, etc...). Coaches will model appropriate dress at practice.
- Each athlete is responsible for bringing their own hydration water and Electrolyte based drink
- Each athlete is responsible for bringing their own nutrition. (appropriate nutrition recommended)

## **Parental Participation:**

- A voluntary committee and volunteer coaches maintain TBTS. Without parental support and assistance, there can be NO TEAM.
- The team will also offer a parental membership to the team. Parents are encouraged to register as official team members if they are planning to participate and or assist at practices and participate at races. The fee for parental membership is \$50.00. Parental participation requires both waivers to be completed.

*(Junior Elite information continued below)*

## **Parent Questionnaire:**

To be completed by parents of Jr. Elite team members

Why do you want your child to be on a triathlon team?

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What are you hoping for your child to get out of participating on the team?

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What skills are you looking for your child to learn from the coaches this season on the team?

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What are you most excited about this season?

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Which areas will you help with?

Running\_\_\_\_\_ Cycling\_\_\_\_\_ Swimming\_\_\_\_\_

Administrative\_\_\_\_\_ Race/event Coordination\_\_\_\_\_

Do you have any contacts that would be willing to become a sponsor of the team? If so, please list how best to contact the potential sponsor.

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Do you have any contacts that would be willing to provide discounted services to the team?  
(printing, web-hosting, bike maintenance, insurance, legal services, facilities for training, parties, storage, etc.)

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How much time per month are you willing to dedicate to the team on a monthly basis and what areas are you going to assist the team during the 2008 season?

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Do you currently participate in:

Triathlons \_\_\_\_\_ Running \_\_\_\_\_ Swimming \_\_\_\_\_ Cycling \_\_\_\_\_

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**Please read carefully before signing:**

**Refund Policy:**

Once your application is approved for TBTS, your spot is guaranteed for the season and therefore there will be NO refunds after the fourth team practice for jr. elite members. The four practices will allow both, the coaches, athlete and parents to determine if the team and the athlete are good fits. There will be no refunds for adult members

**Team Behavior Expectations:**

Athletes participating on TBTS are expected to behave accordingly. The team is supposed to be a fun activity where athletes can learn about the sport of triathlon. The goal is for all athletes to enjoy their experience. Athletes who interfere with the learning process of other participants will be dealt with accordingly. The coaches reserve the right to discipline misbehaving jr. elite athletes using the following consequences: a time-out or a parent phone call. Persistent misbehavior may result in team suspension and or dismissal

**Athlete Waiver:**

I \_\_\_\_\_ (print name) am giving my child, \_\_\_\_\_ (print name), permission to participate on Tampa Bay Tri-Sports Team for the 2008 season. I agree to hold all coaches and volunteers, USAT and its all affiliated persons, harmless in the event of an accident injury and or loss. I understand that participating in triathlon is a vigorous activity and have consulted with my/child's physician prior to participating on the team and the physician has agreed that the strenuous activity of triathlon is appropriate for me/child to participate in. I am attesting that my child is a current USAT member. I understand that it is my responsibility to pick my child up promptly after practice. I will discuss the merits of sportsmanlike conduct with my child and make them aware that dismissal from the team will be enforced if any ongoing problems occur. Team equipment is to be respected and maintained without unnecessary abuse. I understand that it is my responsibility to ensure that my child have the appropriate equipment listed under "general information" I am aware that as a parent, I am requested to support the team with volunteer support/commitment

**Athlete / Parent / Guardian Signature:**

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Athlete

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Parent

Date: \_\_\_\_\_