

# TRiDi Multisport Training, LLC Registration Form

<http://www.triditraining.com>

Phone: (954) 562-3257

(Please Print)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address/P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Company Address: \_\_\_\_\_

Sex:  Male  Female

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## **EVENT AND REGISTRATION INFORMATION**

Which events will you be training for:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### **Training Fee:**

\$75 initial set up fee - Includes annual membership to FIU Triathlon Club, Alex's Bicycle Pro Shop VIP Membership, TriDi training shirt, initial training orientation and set up in TriDi Multisport Training, LLC system.

Monthly fee is \$100 for sprint & Olympic distance athletes, Half marathon & Marathon athletes, \$150.00 for Half Ironman distance athletes, and \$200.00 for Ironman distance athletes. Monthly fee is due at the beginning of each month.

***\*There are no prorates or refunds.***

***\*Race entry fee not included.***

**SHIRT SIZE** (Please circle one)

S    M    L    XL

## **PROGRAM INFORMATION**

### **Training Program Offers:**

Weekly Group Training Session

Training Plan – Provided Monthly

## **Rules and Guidelines:**

### **Trainer's/Coach Responsibilities:**

1. Your trainer/coach will design a program that meets the client's needs and goals providing a monthly training plan.
2. Participants may participate in any or all the above training sessions.
3. Every effort will be made to ensure each training sessions begins in a timely manner. However, there may be times that conditions will create an environment in which a session must be canceled. Members will be notified by a method selected by the trainer/coach should there be a need to cancel a session.
4. Your trainer/coach will provide guidance regarding proper exercise techniques.
5. All information regarding the client's program and progress is confidential and will remain on file with TRiDi Multisport Training, LLC.
6. The trainer/coach will communicate with the client regarding techniques and methods for improving performance.

### **Client's Responsibilities:**

1. Payment must be received the by the first day of each month.
2. Client is expected to discuss all health history information and any medical concerns with the trainer/coach.
3. Clients are required to sign in and out of every session.
4. All appointments must begin on time and end one hour after the scheduled starting time. Any time lost due to client tardiness or absence is considered part of the appointment and is non-refundable. The trainer is expected to wait 15 minutes for a client. Should no one show for 15 minutes after the scheduled time the trainer/coach reserves the right to cancel the session.
5. Client will communicate any discomforts, pain or concerns experienced during or arising from a session.
6. There are no refunds or monthly prorates.
7. It is the responsibility of the client to provide, protect and maintain the necessary training equipment.
8. All participants must wear the proper training gear.
9. The client agrees he/she is participating in the trainings at his/her own risk and will not hold TRiDi Multisport training, LLC or any of its associates responsible for any damages or injuries due to such participation.
10. Client acknowledges that he/she is in good health and physically able to participate in a personalized program. By signing below, client acknowledges and agrees that he/she has no limiting health conditions that would preclude participation in an exercise program, and will immediately inform the trainer if such health condition arises during the client's participation in the personalized program.

**I understand and agree to the roles and responsibilities explained above:**

**Client's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Trainer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PARTICIPANT MEDICAL, FITNESS AND EMERGENCY INFORMATION**

Participant Name - \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Fax \_\_\_\_\_

**MEDICAL INFORMATION**

Medical Insurance Company \_\_\_\_\_ Insurance ID# \_\_\_\_\_

Current Medications \_\_\_\_\_

Condition Requiring Medications \_\_\_\_\_

Allergies (food, medications, etc.) \_\_\_\_\_

Have you experienced any of the following symptoms in the last year:

A Chronic Illness       Back Problems       Fainting Spells       High  
Blood Pressure  
 Heart Murmur     Diabetes       Trouble Breathing       Chest Pain       Unusual  
Fatigue  
 Heart Condition (if so, please write in what type \_\_\_\_\_)       Asthma       Liver  
Condition

Do you have any conditions that might affect your health and safety while training for your endurance event?

\_\_\_\_\_

Is there anything else, not listed above, that you would like us to know about? \_\_\_\_\_

If above symptom box or boxes checked marked, TriDi Multisport Training, LLC may/will require a note from a physician giving medical permission to participate in any training events.

**FITNESS INFORMATION**

Age Range: ( ) 18-25 ( ) 26-35 ( ) 36-45 ( ) 46-50 ( ) 51-60 ( ) Over 60 Date of Birth:

I currently engage in athletic/sports/fitness activities:

\_\_ Daily \_\_\_ 5-6 Days/week \_\_\_ 3-4 Days/week \_\_\_ 1-2Days/week \_\_\_ Almost Never

List any previous or current athletic injuries \_\_\_\_\_

I have completed (state number completed):

\_\_\_ Marathon(s) \_\_\_ Half-Marathon(s) \_\_\_ 10K(s) \_\_\_ 5K(s) \_\_\_ Century Ride(s) \_\_\_ Triathlon(s)

Please describe other races/tours/competitions completed \_\_\_\_\_

**EMERGENCY INFORMATION**

In case of emergency, please notify: \_\_\_\_\_ Relationship: spouse friend relative

Emergency contact phone: home: \_\_\_\_\_ work: \_\_\_\_\_

**I am also aware that I must sign the Liability Release form and that should an emergency occur TRiDi Multisport Training, LLC reserves the right to share the above information with hospital and emergency service staff.**

Signature \_\_\_\_\_ Date \_\_\_\_\_