



## Registration Form

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

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

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

Email: \_\_\_\_\_

Phone (cell) \_\_\_\_\_ Home: \_\_\_\_\_

Age: \_\_\_\_\_ (as of Dec. 31<sup>st</sup>) Birth Date: month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_

Emergency Contact Name & Phone #: \_\_\_\_\_

T-Shirt Size sm \_\_\_\_\_ med \_\_\_\_\_ lg \_\_\_\_\_ Tri-top (sm) (med) (lg) (xlg) Tri-bottom (sm) (med) (lg) (xlg)

**Team Cost:** \$75/Month (includes all coached sessions, clinics, etc.) Financial Aid available upon request and application. Payment due on the 1st of the month.

**Background: (please tell us your background in the following disciplines if any)**

Swimming: \_\_\_\_\_

Biking: \_\_\_\_\_

Running: \_\_\_\_\_

**Current Training: (please list current weekly training volume for the following disciplines)**

Swimming: \_\_\_\_\_

Biking: \_\_\_\_\_

Running: \_\_\_\_\_

**Please list any PR's (i.e. 100, 200 and/or 1 mile swim PR, 2 mile, 1 mile, 800 meter run PR, etc)**

Swimming: \_\_\_\_\_

Biking: \_\_\_\_\_

Running: \_\_\_\_\_

**School year Commitments (sports, academics, student council, work, etc.):**

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**Please list any current or past medical or injury related issues (asthma, tendonitis, etc.):**



**Please list any prescription medications you are currently taking:**

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**What are your goals in joining the SpiderOne Race Team?**

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**WAIVER AND RELEASE OF LIABILITY -- \*READ BEFORE SIGNING**

In consideration of being allowed to participate in any way in one of Spiderone Race Team, Janda Ricci-Munn's or B&S Fitness Program's swimming, cycling and/or running programs and/or any of the related events and activities that either they, their associates, and/or member of the SpiderOne Race Team coaching staff conducts, I, \_\_\_\_\_ (name of participant), the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in these programs is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of SpiderOne Race Team Coaches, Janda Ricci-Munn and/or B&S Fitness Programs LLC, their associates and/or any member of the training staff immediately; and,

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Spiderone Race Team, Janda Ricci-Munn's and/or B&S Fitness Program's, the coaching staff, family members, associates, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

x \_\_\_\_\_ Age: \_\_\_\_\_ Date Signed: \_\_\_\_\_

PARTICIPANT'S SIGNATURE

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.



PARENT/GUARDIAN'S SIGNATURE (print name)

USAT # (if applicable)\_\_\_\_\_

**Please mail this signed application:**

B&S Fitness Programs, 15 Maple Street, Salem, MA 01970

**Questions? Contact Brandi Dion (978) 204-8588 or [BnSFitness@yahoo.com](mailto:BnSFitness@yahoo.com) or  
Janda Ricci-Munn (978) 283-1034 or [jrm@jandariccimunn.com](mailto:jrm@jandariccimunn.com)**

**More info at:**

**[http://www.bnsfitness.com/adventures\\_triathlon\\_spider1.htm](http://www.bnsfitness.com/adventures_triathlon_spider1.htm)**