



**STATEN ISLAND TRIATHLON AND ENDURANCE CLUB
(SITEC)
MEMBERSHIP APPLICATION**

Please use this form to join the Staten Island Triathlon and Endurance Club.
Information provided on this form will only be used for official club business.

Please return this form with your payment to:
Peter Priolo - SITEC
318 Caswell Avenue
Staten Island, NY 10314

First Member: First Name _____ Last Name: _____

Gender: Male Female Birthdate(MM/DD/YYYY): _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone Number: _____

Additional Member(s) at same address (attach additional form if necessary):

First Name: _____ Last Name _____

Gender: Male Female Birthdate:(MM/DD/YYYY): _____ Email: _____

WAIVER/RELEASE: I know that triathlon, running, and/or volunteering in club races and events are potentially hazardous activities and I assume all risks associated including, but not limited to, falls, contact with other participants, swimming hazards, currents and tides, the effects of weather, the conditions of the road and traffic on the course. I understand that baby joggers, skateboards, roller blades, animals, and any music devices are not allowed in club events and I will abide by this guideline. Having read this waiver and knowing these facts, I for myself and anyone entitled to act on my behalf, waive and release USA Triathlon, SITEC and its board members, event coordinators, and all sponsors their representatives and successors from all claims and liabilities of any kind arising out of my participation in the club activities even though that liability may arise out of negligence or carelessness on the part of SITEC or USA Triathlon. I also grant permission to the foregoing persons and entities to use or authorize others to use my photographs, motion pictures, recordings, or any other record of participation in club events or related activities for any legitimate purpose without remuneration.

Printed Name: _____

Signed: _____ Date: _____

Parent/Guardian Print Name: _____

Signed: _____ Date: _____

Club Dues

1st Adult Member (\$25) \$ _____

1st Member 60 yrs or over (\$20) \$ _____

Additional Members at
Same Address (\$10 any age) \$ _____

Total Amount Enclosed \$ _____

Find us on Facebook and Twitter for more
information about upcoming events.