



Junior Emerging, Development & Performance Squads

Athlete Application Form

(Please print clearly)

Athlete Information			
Name:			
Date of Birth:			
Address:			
Contact phone No:	M:	H:	
Email:			
Gender:			
School:			
TACT Membership #:			
Sporting Achievements:			
Most recent time trial results:	Swim:	Bike:	Run:
	Date & Distance	Date & Distance	Date & Distance
Additional comments:	Please attach an A4 page if required		
Athlete's signature:	Date:		
Parent/Guardian:			
Name:			
Address:			
Contact Phone:	M:	W:	
Email:			
Parent/Guardian Signature:	Date:		

Post form to:
 JDS Administrator
 Triathlon ACT
 Locked Bag 3004
 Deakin West ACT 2600

Fax form to:
 (02) 6260 4432

Email form to:
 admin@triathlonact.com.au

In Person:
 King Street, Deakin