



MEMBERSHIP & LICENSE FORM

2019

ATHLETE'S DETAILS

NAME		SURNAME	
Email		Mobile No.	
D.O.B.		ID Number	

CLUB MEMBER

Birkirkara St Joseph		Pembroke Atleta & Triathlon	
Agones SFC		Mosta Tri Team	
TriGozo		MYTA	

Signature of Club Delegate

Club Official Stamp

TYPE OF MEMBERSHIP

ADULT CLUB MEMBER EARLY BIRD	20 €	YOUTH CLUB MEMBER	10 €
ADULT CLUB MEMBER	30 €	YOUTH NON CLUB MEMBER	25 €
ADULT NON-CLUB MEMBER	75 €		

Early bird means that the 2019 registration is paid until 31 December 2018

Youth means born in 2003 or later

INSURANCE POLICY COVER

minimum of Third Party Liability in the Maltese Islands until 31 December 2019

INSURANCE COMPANY		POLICY NUMBER	
INSURANCE COVER	3rd Party	COVERAGE	Malta&Gozo
	All Costs		Europe
			World

MEDICAL SCREENING

Kindly attach a copy of a medical screening certification held in the last 3 months from the date of receipt of this form. The MTF medical screening form can be obtained from the Download Section of www.triathlonmalta.org or by clicking the link below.

[Medical Screening Form 2019](#)

ENDORSEMENT

I, the Undersigned, understands that this application form serves as an agreement with the Malta Triathlon Federation, and I commit to be bound by the Federation's Codes of Conduct, Disciplinary Procedures, Circulars, Directives and Bye-Laws issued by the Federation.

Signature of Athlete / Legal Guardian if under 16

Payment Type			
Cash	Cheque	Online	Other

FOR OFFICE USE ONLY

Date of Receipt of Form	
Received by (name)	
Signature of Official	