

TRIATHLON ATHLETE REGISTRATION FORM

1. Athlete email:.....
2. Distance: Sprint ☐ Olympic ☐ Aquathlon ☐
3. Qualifier's First Name:
4. Qualifier's Last Name:
5. Date of Birth (dd.mm.yyyy):
6. Gender: **Male** ☐ **Female** ☐
7. Athlete NF License:
8. T-shirt size: XXS ☐ XS ☐ S ☐ M ☐ L ☐ XL ☐ XXL ☐
9. Postal Address:
10. Town/City:
11. State/Province/Region:
12. Postcode/Zip:
13. Country of Residence:
14. Home Telephone:
15. Mobile Phone:
16. Emergency Contact Name:
17. Emergency Contact Phone:
18. Accommodation in Auckland:
19. Medical Conditions (optional):
 - Please specify if you have any medical conditions:.....
 - Please specify if you are on any medications:.....
 - Please specify if you are allergic to any medications:.....
 - Do you have Asthma? Yes ☐ No ☐
20. Is an invitation letter for Visa required? Yes ☐ No ☐
If YES, please, provide your
 - Passport number:
 - Arrival date to New Zealand (dd/mm/yyyy):.....
 - Departure date from Zealand (dd/mm/yyyy):.....

I hereby declare that the information in this application is true and correct to the best of my knowledge.

Date: _____ Signature: _____

Please note: All information fields are compulsory

Do not use the same email address as another athlete – all Athlete email addresses must be unique