



MYTEAM TRIUMPH

Massachusetts Chapter

Angel Application

www.myteamttriumph-ma.org

Please complete this form and send to MYTEAM TRIUMPH 5701 White Street Buzzards Bay, MA 02452 or email it to mnogueras@myteamttriumph-ma.org

Name: _____

Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Birth Date: _____

Marital Status: Married _____ Single _____

Spouse Name: _____

Children's Names and Ages: _____

Emergency Contact and Phone: _____

Parent/Guardian Name (if under 18): _____

MEDICAL HISTORY QUESTIONNAIRE

Please explain "Yes" answers

Have you ever been hospitalized? _____ Yes No

Have you ever had surgery? _____ Yes No

Are you presently taking medication? _____ Yes No

Do you have any allergies (medicine, food, etc.)? _____ Yes No

Have you ever passed out during exercise? _____ Yes No

Have you ever had chest pain? _____ Yes No

Have you ever been told you have a heart murmur? _____ Yes No

Have you ever had high blood pressure? _____ Yes No

Have you ever had racing of your heart or skipped beats? _____ Yes No

Has anyone in your family died of heart problems or sudden death? _____ Yes No

Have you been told you have sickle-cell anemia? _____ Yes No

Have you ever had a head injury? _____ Yes No

Have you ever been "knocked out"? _____ Yes No

Have you ever had a seizure? _____ Yes No

Have you had a "stinger" or "burner"? _____ Yes No

Have you ever injured (sprained, dislocated, fractured, etc.) one of the following (indicate R or L):

_____ hand _____ wrist _____ forearm _____ elbow _____ arm
_____ shoulder _____ neck _____ chest _____ back hip _____ thigh
_____ knee _____ shin _____ calf _____ ankle _____ foot

Please indicate type of injury, date of injury, and any limitations or continuing problems:

Have you ever had heat cramps? _____ Yes No

Have you ever been dizzy or passed out in the heat? _____ Yes No

Have you been advised by a physician or by your parents not to participate in athletic events? _____ Yes No

Have you been treated in the past 12 months? _____ Yes No

Are you currently under the care of a physician? _____ Yes No

Do you wear glasses or contacts? _____ Yes No

Do you use special pads or braces? _____ Yes No

Are you Current on vaccines? _____ Yes No

Have you ever been diagnosed as having:

_____ mononucleosis _____ hepatitis _____ asthma _____ tuberculosis

_____ diabetes _____ headaches (frequent) _____ eye injury _____ ulcer

Have you ever been treated for anemia? _____ Yes No

How many meals do you eat each day? _____

How many snacks? _____

Are there certain food groups you refuse to eat (ex. bread, meat)? _____

SPORTS PARTICIPATION HISTORY

Best Race times: 5K _____ 10K _____ ½Mara _____ Marathon: _____

Most recent race and date: _____

My preferred racing distances are: _____

What is your distance goal? _____

What is your target time for said distance? _____

Have you ever participated in a Triathlon? _____ Yes No

If so, what was your best time? _____

Are you a strong swimmer? _____ Yes No

Would you consider doing a swimming event? _____ Yes No

Have you ever done a biking event? _____ Yes No

If so, what was the distance and time? _____
Would you consider doing a biking event? _____ Yes No
When being paired with another runner (required), what are your pacing preferences (min/mile - distance)? _____
Have you ever traveled out of state for an event? _____ Yes No
Would you be willing to travel out of state for an event? _____ Yes No

WAIVER

By signing I acknowledge my understanding that my participation in any myTEAM TRIUMPH event and/or any pre- or post-event activities (collectively, the "Event") involves rigorous physical activity and that it potentially may be hazardous. I attest and verify that I am physically fit and have sufficiently trained for the Event and that, if appropriate, my physical fitness to participate in the Event has been verified by a licensed medical doctor. I expressly assume all known and unknown risks associated with the Event, including but not limited to: loss of or damage to my property; injury (including death); accidents; the effects of weather; and terrain conditions that may vary widely, and that may include uneven and/or slippery surfaces, spectators, participants, and natural and manmade obstacles (including without limitation, vehicles, security barriers, signs, cables, mats, and debris on the course). In consideration of my participation in the Event, I, for myself, my heirs, executors, administrators, personal representatives, successors and assigns, waive any and all rights, claims and causes of action I have or may have against any Race Organizer that may arise as a result of my participation in the Event. For these purposes, a "Race Organizer" is any one or more of the following: myTEAM TRIUMPH and their affiliates; all governmental agencies representing the territory in which the Event will be held; all sponsors, agents, vendors, and contractors of or for the Event; medical service providers; and the officers, directors, employees, representatives, successors and assigns of each of the foregoing. I hereby agree to indemnify all Race Organizers for all claims and losses (including attorney's fees and court costs), which may be brought against any one or more of them by anyone claiming to have been injured or otherwise to have suffered loss or damage as a result of my participation in the Event. I further grant full permission to any and all of the foregoing to store, use and/or reproduce my image or likeness by any audio and/or visual recording technique (including electronic/digital) now in existence or hereafter invented, for any legitimate purpose, including commercial sales and marketing purposes. I understand and agree that information about me that is collected by the Race Organizers, including without limitation information on this form and my Event results may be disclosed to third parties for any legitimate purpose, including commercial sales and marketing purposes, and that it may be subject to re-disclosure by the

recipient(s). I acknowledge and agree to abide by any Official Rules for the Event that may be posted at the Event or on the Event's website. I hereby represent and warrant that I am 18 years of age or older or, if applicable, that I am the parent or legal guardian of the child under the age of 18 years old who I am registering for the Event and that I have the full power and authority to agree to these terms on behalf of such child, and to bind him/her to these terms.

Signature of Athlete:

_____ Date: _____

Signature of Parent Guardian (If under 18 years of age):

_____ Date: _____



MYTEAM TRIUMPH-Massachusetts

EIN: 45-5439209

5701 White Street
Buzzards Bay, MA 02542

www.myteamt Triumph-ma.org

CRIMINAL OFFENDER RECORD INFORMATION (CORI)

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR VOLUNTEER PURPOSES.

ACKNOWLEDGEMENT FORM

MYTEAM TRIUMPH MASSACHUSETTS is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective volunteer applicant for MYTEAM TRIUMPH MASSACHUSETTS, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to MYTEAM TRIUMPH MASSACHUSETTS of the date this Form was signed by me provided, however, that MYTEAM TRIUMPH MASSACHUSETTS must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on page 2 of this Acknowledgement Form is true and accurate.

Signature

Date

