

2026 REGISTRATION FORM
JANUARY - DECEMBER 2026

Club:	Category:
Surname	Name:
Date Of Birth	Place Of Birth:
Id Card No:	Passport No:
Nationality:	
Postal Address:	
Home Tel No:	Mobile No:
Email Address:	
Blood Group:	Allergies:
MTF Annual Membership Fee (Cheque Payable To MTF)	
<p align="center">Under 16: €25.00 (End of January 2026 - €20.00)</p> <p align="center">Adult International: €50.00 (End of January 2026 - €30.00)</p> <p align="center">Individuals: €200.00</p>	
Two passport size photos must be submitted with relevant fee	
<p>Disclaimer:</p> <p>I declare that I have read and understood the Data Protection Clause forming part of this application and I consent to the processing of my personal data in accordance with the Data Protection Act, the General Data Protection Regulation (GDPR), and the policies of the Malta Triathlon Federation. I understand my rights under GDPR, including the right of access, rectification, erasure where applicable, restriction of processing, objection and data portability, and the right to lodge a complaint with the Information and Data Protection Commissioner. I acknowledge that my personal data will be retained no longer than 31 December 2026 unless otherwise required by law, and that I may withdraw my consent at any time by emailing info@triathlonmalta.org and membership@triathlonmalta.org with the subject "WITHDRAWAL OF INFORMATION".</p> <p>I declare that I am medically fit to participate in events organised by or under the auspices of the Malta Triathlon Federation and that I hold valid insurance satisfying the minimum requirements set by the Federation. I acknowledge that participation in sport involves inherent risks and I enter such events entirely at my own risk. I agree that the organisers, officials, volunteers, sponsors, the Malta Triathlon Federation, its Executive Board, affiliated clubs and recognised bodies shall not be held liable for any injury, illness, loss or damage to my person or property arising from my participation, except in cases of wilful misconduct as recognised under Maltese law.</p> <p>I agree to be bound by the rules and regulations of the relevant event, the statutes, byelaws and policies of the Malta Triathlon Federation, applicable Maltese law, and recognised principles of good governance and sporting integrity in line with the Authority for Integrity in Maltese Sport (AIMS). I confirm that my submission of this application constitutes my informed and binding acceptance of this declaration.</p>	
Signature:	Date:
Name of Parent/Guardian:	Signature:
<p align="center"><i>For triathletes under 18 years of age an additional Parent/Guardian signature is required</i></p>	

Club Endorsement - Please List The Above Triathlete As A Member Of Our Club		
Name:	Signature:	Medical Certificate: <input type="checkbox"/>
Position:	Date:	
I have medically examined the above triathlete and certify that in my professional opinion he/she is fit to participate in triathlon competitions locally and abroad.		
Doctor:	Signature:	Date:
Please include Doctor's stamp with Medical Registration Number		

For Official Use Only:

I hereby certify that today I have received the Registration Form of of Club until the end of 2026. Without prejudice to the validity or otherwise of this form in accordance with the rules, regulations of MTF and which remains the responsibility of the registering Club.

Cash: <input type="checkbox"/>	Cheque: <input type="checkbox"/>
Date:	General Secretary: