

*This clinic is supported and sponsored by the Saskatchewan Triathlon Association Corporation (STAC).*

## **STC Christmas Camp 2016**

**Ages 12 and up, December 27 – 30, 2016**

**All participants must be Saskatchewan Triathlon Association members or have a Provincial Triathlon membership from another province.**

**Registration form must be received by Dec. 15.**

**Eligibility: Must be able to swim 400m and have competed in a triathlon.**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Health Card #: \_\_\_\_\_ Gender: M F  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Postal code: \_\_\_\_\_ Phone: \_\_\_\_\_  
e-mail: \_\_\_\_\_ (please include)

Do you or your child have any medical concerns we should be aware of? Please explain. \_\_\_\_\_  
\_\_\_\_\_

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Parents/Guardians: \_\_\_\_\_  
Telephone: \_\_\_\_\_ cell: \_\_\_\_\_  
Alternate emergency contact: \_\_\_\_\_ phone: \_\_\_\_\_

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### *Waiver & Consent Form*

I hereby consent to my (my child's) participation in the Saskatoon Christmas Camp, Dec. 27- 30, 2016 and I release the organizers of this event , the Saskatchewan Triathlon Association Corporation (STAC), the City of Saskatoon, any loss, damage and/or injuries of any nature during my (child's) participation in this event.

Participant signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Participant's Name: \_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/guardian name (print): \_\_\_\_\_

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Complete and return this form to: RossAnn Edwards by fax (306-652-1235) or email by Dec. 15: [stc@triathlonsaskatchewan.org](mailto:stc@triathlonsaskatchewan.org)

**NON Sask Triathlon Centre members:** bring registration fee cheque to first session (payable to STAC)

If you are not a STAC member, membership form and info can be found at:  
[www.triathlonsaskatchewan.org](http://www.triathlonsaskatchewan.org)

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Clinic Fees: STC members: no fee  
Non-members: \$75 (full camp) \$ \_\_\_\_\_  
\$50 (2 days) \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_