

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

## **Saskatoon Christmas Camp (STC) 2011**

**Ages 12 and up**

December 27 – 31, 2011

**All participants must be a Saskatchewan Triathlon Association member.**

**Registration form must be received by Dec. 23.**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Health Card #: \_\_\_\_\_ Gender: M F

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal code: \_\_\_\_\_ Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_ (please include)

Triathlon experience: \_\_\_\_\_

400m swim time: \_\_\_\_\_

Do you or does your child have any medical concerns we should be aware of?

Please explain. \_\_\_\_\_

\_\_\_\_\_

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 - 31, 2011 and I release the organizers of this event, the Saskatoon Triathlon Club, the Saskatchewan Triathlon Association Corporation (STAC), the Saskatoon YMCA and 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 (652-1235) or email [rossannedwards@gmail.com](mailto:rossannedwards@gmail.com)

**NON STC members:** Send registration fee cheque, registration form (payable to STAC) to: RossAnn Edwards, 302 Bentham Cres., Saskatoon, SK, S7N 3V4

**STC members** will be billed on monthly invoice.

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: \$ \_\_\_\_\_

TOTAL \_\_\_\_\_