

*This clinic is supported and sponsored by the Saskatoon Triathlon Club Inc. & the Saskatchewan Triathlon Association Corporation.*

## **SWIM-BIKE-RUN FOR FUN Kids' Triathlon Clinic**

**Ages 8 to 12 years**

Sunday, February 25, 9:00 a.m. – 12:30 p.m.;

Location: Saskatoon, YMCA

### **Registration Form**

#### **Registration form must be received by February 20.**

This is "learn to" clinic, but all participants must be able to swim 50m.

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

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

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

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

e-mail: \_\_\_\_\_ (please include as clinic information will be e-mailed)

Last swim level completed: \_\_\_\_\_

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

Parents/Guardians: \_\_\_\_\_

Telephone: \_\_\_\_\_ cell: \_\_\_\_\_

Alternate emergency contact: \_\_\_\_\_ phone: \_\_\_\_\_

#### *Waiver & Consent Form*

I hereby consent to my child's participation in the Swim-Bike-Run for Fun Triathlon Clinic, Feb. 25, 2007 and I release the organizers of this event and the Saskatoon Triathlon Club Inc. (STCI) and the Saskatchewan Triathlon Association Corporation (STAC) and its officers from any and all liability for any loss, damage and/or injuries of any nature during my child's participation in this event.

Participant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Name (print): \_\_\_\_\_

Complete and return this form and cheque (payable to STCI) to:

**RossAnn Edwards, Box 22116, Saskatoon, S7H 5P1 or fax: 978-4222**

Clinic Fees: \$15 \_\_\_\_\_

STAC one-day membership fee (for this clinic only) **OR** \$ 5 \_\_\_\_\_

STAC annual membership fee (for all 2007 clinics & races) \$ 10 \_\_\_\_\_

(STAC form found at [www.triathlonsaskatchewan.org](http://www.triathlonsaskatchewan.org))

(send membership form with clinic registration form & payment)

Total: \_\_\_\_\_