

2017 Elkford Triathlon-Adult-June 4, 2017

Official Entry Form

Individual Participants:

First Name: _____ Last Name: _____

Gender: Male: _____ Female: _____

Distance: Sprint: _____ Extreme: _____ Swim Time: _____

Category: 19 yrs & under _____ 30-39 yrs _____ 50-59 yrs _____
20-29 yrs _____ 40-49 yrs _____ 60 yrs + _____

Shirt: Small _____ Medium _____ Large _____ X-Large _____
No Shirt _____

PLEASE PRINT

Team Participants:

Team Name: _____ Distance: Sprint: _____ Extreme: _____

2 person team: _____ 3 person team: _____

Categories: Male: _____ Female: _____ Mixed: _____

Age: 19 & under _____ 30-39 _____ 50-59 _____
20-29 _____ 40-49 _____ 60 yrs + _____

Swimmers Name: _____ Shirt: Small Med Lrg XLrg No Shirt

Bikers Name: _____ Shirt: Small Med Lrg XLrg No Shirt

Runners Name: _____ Shirt: Small Med Lrg XLrg No Shirt

Ages: Swimmer _____ Biker _____ Runner _____

Note: Team Ages are calculated by the oldest members age

Do you have a child participating in the Kid's Triathlon? _____

PLEASE PRINT

Address: _____ (Mailing Address-For teams use Captains info.)

City: _____ Province/State: _____

Postal Code/Zip Code: _____

Email Address: _____ Phone #: _____

PLEASE PRINT

FEES: Early till May 15, 2017, LATE after May 15, 2017

Early:	NO-SHIRT		YES-SHIRT	
Individual:	\$30.00	_____	\$45.00	_____
2 Person Team:	\$60.00	_____	plus \$15.00 per shirt	_____
3 Person Team:	\$90.00	_____	plus \$15.00 per shirt	_____

Late: *NO SHIRTS AVAILABLE

Extra Barbeque Tickets: \$4.00 Ea. x _____

REFUND POLICY: All fees are NON-Transferable and NON-Refundable

Method of Payment:

Cash: _____

Cheque: _____ * Make cheque payable to: Swim-Bike-Run Triathlon 2017

Credit Card: *Credit Card Payments are available online ONLY at www.elkfordtri.ca

Total Payment Enclosed: _____

Mail to: PO Box 13, Elkford, BC V0B 1H0

****NO REGISTRATIONS ACCEPTED PAST MIDNIGHT ON JUNE 1, 2017****

EMERGENCY CONTACT INFO

Medical Issues we should be aware of:

Emergency Contact Name: _____

Emergency Phone Number: _____

Help our Announcer with some of your information

Number of previous Triathlons: _____

Number of Elkford Triathlons: _____

Goal for this Race: _____

Check in STARTS at 7:00 am

MANDATORY Prerace MEETING at 8:10 am

Late entries will not receive shirts

Race Bag Pick Up

Saturday, June 3rd 5:00-7:00 pm

Pool Multi-Purpose Room

Athlete Waiver and Release of Liability

In consideration of the participation of the above-named in the activities of the District of Elkford, Leisure Services Department, Aquatic Centre, Parks & Recreation Department and the Elkford Triathlon organizers and volunteers, I do agree to hold free from any and all liability the District of Elkford, its Leisure Services Department, Elkford Aquatic Centre and Parks & Recreation Department and its respective officers, volunteers and employees and waive, release and forever discharge any and all rights and claims for damages which I may have or which may hereafter accrue to me arising out of or connected with me or my child/ward's participation in any activities of the the District of Elkford, Leisure Services Department, Elkford Aquatic Centre, Parks & Recreation Department and the volunteers and orgainzers of this event.

I hereby do declare myself or my child/ward to be physically sound and to have medical approval to participate in the triathlon activities on Sunday, June 4th.

Athlete's Waiver and Release of Liability must be signed by all competitors OR parent/guardians, by signing this form you are consenting to your child's participation, if under the age of 19 years of age.

SIGNED:

Individual/Swimmer

Witness/Guardian

Team Biker

Witness/Guardian

Team Runner

Witness/Guardian

**Please check to make sure your entry form is
COMPLETELY filled out.**

Visit our website at www.elkfordtri.ca for prompt race results after the race concludes.
Due to privacy concerns, please sign below to have your name posted on our website:

SIGNED:

Parent or Guardian

Witness

I agree to allowing the use of any photos of myself on the elkfordtri.ca website