

**2011 Elkford Triathlon – June 5/2011
Official Entry Form**

Individual Participants:

First Name: _____ Last Name: _____

Gender: Male: Female: Age on June 5, 2011: _____

Distance: Sprint: Extreme Sprint: Estimated Swim Time: _____ mins:secs

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

Shirt Size: Small: Medium: Large: X-Large: Shirt: Hoodie(\$13)

PLEASE PRINT

Team Participants:

Team Name: _____ Distance: Sprint Extreme Sprint

2 person Team 3 Person Team Estimated Swim Time: _____ mins:sec

Categories: Male: Female: Mixed: Age Cats: 19&U 20-29 30-39 40-49 50-59

Swimmers Name: _____ Shirt: Hoodie(\$13) S M L XL

Bikers Name: _____ Shirt: Hoodie(\$13) S M L XL

Runners Name: _____ Shirt: Hoodie(\$13) S M L XL

Ages: Swimmer ____ Biker ____ Runner ____

NOTE: Team Ages are calculated by the oldest members age

PLEASE PRINT

Address: _____ (Mailing Address - For Teams use Captain's info)

City: _____ Province/State _____

Postal Code/Zip Code: _____

Email address: _____

Phone #: Day (____) _____ Evening (____) _____

PLEASE PRINT

FEES : Early till May 6/11 Late after May 6/11

Individual Fees: **Early:** w/Shirt \$35 w/Hoodie \$48 **Late:** w/Shirt \$50 w/Hoodie \$63

2 Person Team Fees: **Early** \$60 + \$13 /Hoodie **Late:** \$90 + \$13/Hoodie *Sponsored by*

3 Person Team Fees : **Early** \$90 + \$13 /Hoodie **Late:** \$135 + \$13/Hoodie

Extra Barbeque Tickets: \$2.00/ea x ____

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

Method of Payment:

Cash: Cheque: (Credit Card Payments are available online **ONLY** at www.elkfordtri.ca.)

Make Cheque payable to: **Swim-Bike-Run Triathlon 2011 – mail to:**

PO Box 474, Elkford, BC V0B 1H0



Total Payment Enclosed: _____

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EMERGENCY CONTACT INFO

Medical Issues we should be aware of:

Emergency Contact: Name _____

Emergency Contact: Phone: _____

Help our Announcer with some of your information

Number of Previous Triathlons _____

Number of I Swam The Elkford Triathlons _____

Goal for This Race: _____

Accomplishments: _____

Future Goals: _____

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 Elk Valley Dolphins Swim Club, I do agree to hold free from any and all liability the District of Elkford, its Leisure Services Department, Aquatic Centre and Parks & Recreation Departments 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 District of Elkford, Leisure Services Department, Aquatic Centre and Parks and Recreation Department.

I hereby do declare for myself or my child/ward to be physically sound and to have medical approval to participate in the activities of the District of Elkford, Leisure Services Department, Elkford Aquatic Centre and Parks and Recreation Department.

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 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 <http://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