REGISTRATION FORM

Participant(s): _____

_____

Address: _____

_____

Phone (primary): _____ (other): _____

Email: _____

Club Name: _____

Est. swim time: _____min. _____ sec. (adult: 500m / youth: 200m)

Shirt Sizes: Adult XS____ S____ M____ L____ XL____

Youth S____ M____ L____

(for teams indicate the amount of shirt per size)

Relay Team Name: _____

Team Category: ☐ Women ☐ Men ☐ Mixed ☐ Corporate

Gender: ☐ Female ☐ Male

Individual Category: ☐ First Tri ☐ Youth ☐ AWAD ☐ Elite

Age (as of Dec. 31, 2009) ☐ 10-14 ☐ 15-19 ☐ 20-24 ☐ 25-29

☐ 30-34 ☐ 35-39 ☐ 40-44 ☐ 45-49

☐ 50-54 ☐ 55-59 ☐ 60-64 ☐ 65+

RELEASE AND INDEMNITY — PLEASE READ CAREFULLY. I, the applicant, on behalf of myself, members of my family, my heirs, executors, administrators and assigns, hereby forever release, discharge and hold harmless Triathlon BC (Triathlon BC) representatives and agents for any injury, loss or damage to my person or property howsoever caused, arising out of or in connection with my taking part in Triathlon BC organized events and activities and notwithstanding that the same may have been contributed to or occasioned by the negligence of the Triathlon BC reptresentatives or agents. I acknowledge that I am responsible for the roadworthiness and correct operation of my bicycle. I realize that I may be subject to unannounced drug testing as provided for by Triathlon Canada's agreement with the Canadian Centre for Ethics in Sport.

In witness therof, I have hereunder set my hand this

Day _____ of Month _____, 2009

_____

Printed Name

_____

Signature

_____

Signature of Parent/Guardian if Under 19 years of age

RACE FEES	Mar 16 - May 11	May 2 - Jun 21	June 22-July 4*
Individual	$65	$75	$90
Relay	$105	$120	$135
Youth	$45	$45	$60

Race entry fee: $ _____

I wish to participate in the Fundraising Challenge, I am including my minimum $100 in pledges (state amount): $ _____

Instead of raising pledges I include a donation of: $ _____

Tri-BC Discount (deduct $5 per team member , $1 for Youth & deduct $10 for individual) $ _____

Payment Options: ☐ Cheque ☐ Cash **Total Payment:** $ _____

(If you are paying with credit card, please register online http://www.islandtriathlon.com/toc)

*online registration closes July 1

PLEDGE FORM

Fundraising Team Name _____

*Tax receipts will only be issued on request and only for donations of $10 or more

Sponsor Name	Complete Mailing Address	Postal Code	Amount Pledge	Tax Receipt* (Yes/No)	Paid
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