

Registration for Kal Rats Coached Workouts

Name:

Phone Number:

Email:

Address:

Age as of March 31, 2009 (must be 19years to participate):

Current TRIBC member #

Please indicate the type of races or events you are interested in and time for completion of distance if applicable

Triathlon

- Sprint triathlon
- Olympic Distance Triathlon
- 1/2 Ironman triathlon
- Ironman Triathlon
- Other – please specify _____

Running

- 5k
- 10k
- 1/2 marathon
- Marathon
- Ultra
- Other – please specify _____

Swimming

- Open water – specify distance _____

Cycling

- Please Specify Distance _____

Are you training for a particular event?

Please indicate if you are purchasing a

- Punch pass
- Monthly pass
- Annual pass

Medical Clearance:

Do you have any medical condition that your doctor has diagnosed and therefore you should only do activity outlined by him/her? YES/NO

If yes, please have medical clearance from doctor in writing before start of coached workouts

Do you have any allergies or medications that we need to be made aware of?

Please list:

Emergency contact person:

Emergency contact Phone number:

Signature:

Date signed:

**Please include \$\$\$ with registration and drop of completed registration at
The Starting Block**

*Payment accepted as cash or cheque(made out to Kal Rats)