

KID=S DO TRI TRIATHLON

Sat. June 4, 2011

www.CheyenneSprintTriathlon.com

MAIL IN REGISTRATION

Fees:

\$20.00 for USAT Youth Members-Must present your USAT card at check-in on race day. Parents must also present their photo ID at check-in. If guardian is accompanying child to race day check in, then guardian must present photo copy of competitor's parent's ID at check in.

\$25.00-for non USAT Annual Youth Members.(The \$5.00 USAT annual Youth Membership is included in this amount. Parents must present photo ID when checking their child in on race day.

The USAT Youth Membership form can be downloaded at:
<https://membership.usatriathlon.org/ReturnBinary.aspx?Params=044849055f07020d5700000166>. These forms will be available on race day check in. However you can save some time by downloading and completing this form and presenting at check in.

The after race meals are for competitors and volunteers only. If you wish to purchase an extra kids or adult meal, the costs are:

Kids Meal(Egg/Ham biscuit) ____ X \$5.00ea.= \$_____

Adult Meal(Breakfast burrito) ____ X \$6.00 ea. = \$_____. Add extra meal costs to entry fee.

USAT Youth Membership Number_____ Expires_____

Total Included: _____ (If not an annual USAT Youth Member is your \$5.00 USAT fee included? Did you include and extra meals ordered?)

When & Where

Sat. June 4, 2011. Laramie County Community College(LCCC) campus between the physical education buildings and soccer fields, Cheyenne, WY. Check in on race day from 7:30-8:30am. Race starting approximately 8:45am with the 8 & under age group. 3 age Groups: 8 & under, 9-11 & 12-14. **Your age as of 12/31/2011 determines the age group you compete in on race day.**

PLEASE PRINT NEATLY

First Name _____ Last Name: _____

Gender: Female ___ Male ___ Birth date: ___/___/___ Age as of 12/31/11: ___

Indicate your Age Group: 8 & under ___ 9-11 ___ 12-14 ___

Address: _____

City/State/Zip: _____

Day Phone: _____ - _____ - _____ Evening Phone: _____ - _____ - _____

Email: _____

School your child attends: _____

T-shirt(100% cotton) size: Youth S ___ M ___ L ___
Adult S ___ M ___ L ___

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____ - _____ - _____

Emergency contact name:

Emergency contact phone number: _____ - _____ - _____

Make checks payable to: **Tri for the High, LLC**

Mail payment to: Jim Mantell
581 E. Idaho St.
Cheyenne, WY 82009
Day ph. 307-432-5370 Hm ph. 307-632-1663
Cph: 307-221-5277
Email: triguy1219@msn.com

Last day to register is Wed. 5/25/11 to guarantee your T-shirt and after race meal. Any entries received after 5/25/11, not guaranteed a T-shirt or after race meal. No refunds will be given, but will try to reschedule event if cancelled due to weather or other acts of God. T-shirts will still be presented, if the event is cancelled. If possible, we may try to reschedule the event, however that would be based on availability of the LCCC campus facilities and approval of LCCC. For more specific race information, refer to www.CheyenneSprintTriathlon.com

MEDICAL INFORMATION

The following information is being requested in case of emergency for use by medical personnel only. This information is to help medical personnel render aid in case of an emergency. Thank you. **PLEASE PRINT NEATLY**

Physician=s Name/Clinic:

Phone Number: _____

Health Insurance Company: _____

For Emergencies occurring during day of event
call: _____

Relationship: _____

Home phone: _____ Cell Phone: _____

Please list all known allergies, if none then indicate NKA(no know allergies):

Medical Conditions:

Current medications:

