

KID'S DO TRI TRIATHLON  
[www.CheyenneSprintTriathlon.com](http://www.CheyenneSprintTriathlon.com)

MAIL IN REGISTRATION

Fees:

\$23.00-includes \$5.00 USAT Annual Youth Membership

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.

When & Where

Sat. June 5, 2010. 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 6-8 age group. 3 age Groups: 6-8, 9-11 & 12-14. Your age as of 12/31/2010 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 12/31/10: \_\_\_\_\_

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](mailto:triguy1219@msn.com)

Last day to register is Sun. 5/23/10. Any entries received after 5/23/10, 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](http://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: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical Conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current medications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

