

# SPRINT TRIATHLON CLINIC 2008



Feb 23rd — May 19th, 2008

Presented by North Shore Athletics, this beginner clinic is designed to enable the athlete to confidently complete the North Shore Spring Triathlon. The training will take place over two and a half months to prepare you for the race on May 19th. A total of four workouts are offered each week to ensure that you are ready by race day. You do not have to be an experienced triathlete to take part in this clinic but there are some minimum requirements for safety reasons. More information is on our website.

**Date:** February 23rd to May 19th, 2008

**Practices:** Swim Sunday evenings 5-6pm at Harry Jerome Pool  
 Bike Saturday morning 9am (usually lasting one hour)  
 Run Tuesday nights 6:30pm at North Shore Athletics  
 Thursday nights 6:30pm at North Shore Athletics

**Includes:** Professional coaching by experienced and qualified coaches  
 Custom Sugoi bike jersey (value of \$80.00)  
 4 workouts PER WEEK  
 Guest speakers  
 Introductory social night - February 20th, 6:30pm at North Shore Athletics  
 Wrap up party Taylor's Crossing  
 Discount at North Shore Athletics

**Requirements:** Swim a minimum of 50m continuously (for safety reasons)  
 Bicycle, either mountain or road that is in running order  
 Certified helmet  
 Jog around the block without loosing your breath

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Gender M F  
 Address \_\_\_\_\_ City \_\_\_\_\_ Prov \_\_\_\_\_  
 Postal Code \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_  
 Size S M L XL Age \_\_\_\_\_ Birth date (mm/dd/yyyy) \_\_\_\_\_

***Athlete Release & Waiver (must be signed)***

In consideration of your acceptance of this entry, I hereby for myself, executors, administrators, and personal representatives release the organizers of these events, their agents and volunteers and the event's sponsors from all liability, and I waive, as against the organizers, agents, volunteers and sponsors, all claims whatsoever that I might have for personal injuries, death, property losses, or property damage suffered by participating in these events.

Signature (Parent/Legal Guardian if athlete is under 19 years of age) \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_

Cost of Clinic \$300.00	<b>Payment</b> Visa MasterCard Amex Cheque (payable to North Shore Athletics)
GST 5% \$12.00	
<b>Total Enclosed \$312.00</b>	Card Number/Expiry (mm/yy) _____ Signature _____