

# Spring Triathlon CLINIC



Presented by North Shore Athletics, the clinic is designed to help motivate athletes to either finish their first Sprint Triathlon or improve on their previous times. The training will take place over four months and finish with the North Shore Spring Triathlon on May 24th. A total of five workouts are offered each week to ensure that you are keeping fit and motivated. You do not have to be an experienced triathlete to take part in this clinic but there are some minimum requirements for safety reasons.

**Date:** February 7th to May 24th, 2009

**Practices:** Swim Sunday evenings 5-6pm at Harry Jerome Pool  
 Bike Saturday morning 8am  
 Wednesday evening 6:30pm Spin at NSA  
 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  
 Sugo Gift  
 5 workouts PER WEEK  
 Guest speakers  
 Wrap up party Taylor's Crossing  
 Discount at North Shore Athletics

**Requirements:** Swim a minimum of 100m continuously (for safety reasons)  
 Bicycle, either mountain or road that is in running order  
 Certified helmet  
 Jog around the block without loosing your breath

Beginner  Intermediate

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 \$350.00	<b>Payment</b> Visa MasterCard Amex Cheque (payable to North Shore Athletics)
GST 5% \$17.50	
<b>Total Enclosed \$367.50</b>	Card Number/Expiry (mm/yy) _____ Signature _____