



**Triathlon
ONTARIO**



Triathlon Ontario Provincial Development Holiday Camp

As part of its Provincial Development Program, Triathlon Ontario is proud to offer a three day camp over the holiday season in Ottawa featuring Olympic Gold Medalist Glenroy Gilbert. The camp is open to Youth, Junior and U23 athletes on a first come first serve basis. Provincial Development Team members have the right of first refusal for a spot and there is a limit of 20 for the camp. Details of the camp and registration is outlined below.

Schedule:

The Training Camp will be held at the Nepean Sportsplex.

Saturday, December 27, 2014 Nepean Sportsplex

9:30am – 11:00am: Swim

11:20am – 12:00pm: Break & Discussion – Junior/U23 development pathway

12:00pm – 1:30pm: Biking

2:00pm – 3:00pm: Run or Snowshoe

3:00pm: Pickup

Sunday, December 28, 2014 - Nepean Sportsplex

9:30am - 11:00am: Swim

11:20am – 12:00pm: Break & Discussion – creating a race plan

12:00pm - 1:30pm: Biking

2:00pm – 3:00pm: Run or Snowshoe

3:00pm: Pickup

Monday, December 29, 2014 – Nepean Sportsplex / Dome

9:30am – 11:00am: Swim

11:00am – 12:30pm: Drive out to the dome

1:00pm – 2:00pm: Speed & Development workshop with Olympic Gold Medallist Glenroy Gilbert

2:00pm: Pickup at the dome & go home

Cost:

Non Provincial Development Team: \$89.00

Provincial Development Team: \$69.00

To Register:

Complete the attached form and return it with payment to Triathlon Ontario via fax, snail mail, or scanned copies via email to info@triathlonontario.com



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REGISTRATION – PART 1

(please print clearly)

PERSONAL INFORMATION

First Name:

Last Name:

Date of Birth (d/m/y):

Age:

Gender: M F

CONTACT INFORMATION

Address:

Unit #:

City:

Province:

Postal Code:

Home Phone:

Mobile Phone:

E-Mail Address:

Triathlon Ontario Membership #:

EMERGENCY CONTACT INFORMATION

Name:

Relationship to Participant:

Phone No:

Alt. Phone No.:

E-mail Address:

Do you have any allergies? Yes No

If "Yes", please provide details:

Do you have any medical conditions? Yes No

If "Yes", please provide details:

Note: Medical information will remain confidential, and shared only with Provincial coaches. In the event of a medical emergency, medical information will be shared with emergency medical personnel.



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Payment Information:

Non Provincial Development Team: \$89.00

Provincial Development Team: \$69.00

Paid by: Cheque

Visa

MC

Card Number: _____ Expires ____/____

Name on Card: (print) _____

Signature: _____

ATHLETE AGREEMENT

I (insert name) certify that I am fit to attend this Triathlon Ontario Training Camp.

I agree to abide by all rules and instructions set by the coaches and staff. I agree to arrive with all required equipment, including a road bike in good working order.

I understand I will not be allowed to participate unless all waivers have been signed in advance.

I consent to receive any necessary medical treatment in the event of an emergency, and I attest that I have provided all relevant medical information.

I understand that my application will be reviewed by the coaching staff, and submission of this application does not guarantee my selection to any team or event.

Print Name (athlete):

Signature (athlete): _____ Date: _____

Print Name (parent/guardian):

Signature (parent/guardian): _____ Date: _____

MUST BE SIGNED BY A PARENT IF THE PARTICIPANT IS UNDER 18

ANNEX A – GENERAL STATEMENT OF RISK TRIATHLON ONTARIO Training Camp

This Part to be submitted to Triathlon Ontario, prior to registration



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By completing the bottom of this form, the undersigned acknowledges that he or she has read the content of this General Statement of Risks and accepts these risks as inherent in taking part in this event. This event will normally be operated in accordance with the TRIATHLON ONTARIO Sanctioning policies. "In matters of safety and injury prevention, the TRIATHLON ONTARIO Coach, has the overriding authority to take whatever action they consider to be in the best interests of the safety of the athlete and all other participants. "

The risks and hazards associated with or related to triathlons, duathlons, and any TRIATHLON ONTARIO sanctioned events include, but are not limited to, injuries from:

- a) Swimming, biking and running;
- b) Executing strenuous and demanding physical techniques;
- c) Vigorous physical exertion, rapid movements, quick turns and stops;
- d) Cardiovascular "strain" that in healthy individuals manifests in increased breathing elevated heart rate and fatigue and sometimes, vertigo and nausea; in individuals with diagnosed or otherwise undiagnosed coronary artery disease: any/or combination of chest pain, nausea, irregular heart rhythm, heart attack, stroke;
- e) Unexpected reactions from interaction of medications on cardiovascular or respiratory function; adverse allergic reactions to medication during exercise;
- f) Exerting and stretching various muscle groups;
- g) Entering the water by either diving or jumping;
- h) Extended time in water and underwater;
- i) Extreme weather and temperature conditions which may result in dehydration, heatstroke, sunstroke or hypothermia, or that may exacerbate known or undiagnosed underlying cardiovascular disease or diseases related to energy metabolism (diabetes, coronary artery disease, heart failure, arrhythmias);
- j) Unanticipated allergic reactions from insect bites or contact with water-borne organisms;
- k) Gastrointestinal upset (nausea, diarrhoea) due to ingestion of contaminated water during swimming events; time course is usually measured in hours post-swim;
- l) Ingestion of contaminated water or food (pure water or mixed sports drinks) from race aid stations, or from athletes' own pre-prepared hydration bottles.
- m) Mounting, dismounting or falling off a bicycle;
- n) Falling or colliding with the ground, walls, stands, equipment or with other participants;
- o) Falling due to uneven or irregular terrain or surfaces;
- p) Failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment;
- q) Contact or being struck by other participants, spectators, equipment or vehicles;
- r) Spinal cord injuries which may render me permanently paralyzed;
- s) Travel to and from competitive events and associated non-competitive events which are an integral part of TRIATHLON ONTARIO sanctioned races, activities and events.

Medical treatment at TRIATHLON ONTARIO sanctioned events is normally limited to First Aid provided by a holder of a First Aid Certificate. Medications and equipment on site are extremely limited, treatment is geared primarily to treat injuries as opposed to medical conditions, and is sufficient to stop bleeding, immobilize breaks, or maintain breathing. Personal requirements for prescription medication, or patent medicines, required to treat pre-existing conditions, are the personal responsibility of the individual. Participants with pre-existing medical conditions must ensure: that their condition is stable; that their medication is both established and available; that their condition is known to the Coach and, that they have a sufficient supply of their prescribed medication with them for the planned duration of the event plus an appropriate additional amount to allow for the possibility of delays. Failure to do so could result in long and short-term complications or death.

In the event of medical emergencies or injuries at this event, the coach will contact medical authorities to obtain advice. It is possible that the time taken to evacuate the patient may be measured in hours. The condition of the patient may be adversely affected by this time factor.

Even though many events are in close proximity to hospitals or medical facilities, the ability of an ambulance to make an immediate evacuation cannot be assumed. The distance from medical assistance, the weather, and the capacity of the mode of transport will all have an effect on the time taken to affect an evacuation. The condition of the patient may be adversely affected by this time factor.

The coaches will take such steps as are necessary and within their competence to stabilize a patient for transportation to a medical facility. Charges for transportation by ambulance services and charges for medical care at the medical facility are the responsibility of the patient. Failure to have appropriate insurance coverage could result in delays in treatment, a reduced level of care, or detention pending settlement of the account.



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Triathlon Ontario, and the coaches assume no liability for loss of, or damage to, any personal effects or equipment brought to the Training Camp by participants.

My signature below indicates that I have read The General Statement of Risks (Annex A) outlining the risks that may be encountered by me while participating during the below-stated period of time. I acknowledge that I have understood these risks. I also acknowledge that I have asked for additional information where necessary and that I have been satisfied with the response that I have received. Understanding that none, some, or all of the above listed events may arise while participating in this event, I accept these risks as being inherent in being allowed to participate.

Name: _____

Signature: _____ Date: _____

From: _____ To: _____

Witnessed By: _____

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ANNEX B – PART TWO OF TWO – STATEMENT OF MEDICAL FITNESS

PROTECTED WHEN COMPLETED

STATEMENT OF MEDICAL FITNESS

This Part to be submitted to Triathlon Ontario, prior to registration

“I declare that, after having read and understood the inherent risks in participating in this event, as stated in The General Statement of Risks (*Annex A*) I believe that I have no physical or health conditions which might endanger my life, or the safety of the other participants in which I will be engaged. I further declare that, I have consulted a medical health professional who, in accordance with the conditions stated on the form, has determined that I am fit to participate in this event with no limitations.

“I also declare that if I am required to take a regular course of prescription medication that I have a supply of medication with me that is sufficient for the duration of the event plus any reasonably anticipated delays that might occur. I will advise the Coach or First Aid Attendant(s) of the location of such medication, the dosage and/or the symptoms which might indicate when the medication should be taken. I will also advise these persons of any known allergies.” (*See Section below for this procedure*)

Failure to disclose information respecting your health could result in inappropriate emergency treatment in the event that you are incapacitated thereby resulting in your disability or death; or, could result in your injury or death through your inability to respond to event related challenges and emergency situations; or, could result in injury or death to others or damage to the venue and the environment in attempting to effect your rescue, treatment, or evacuation.

Declared by:

Name: _____

Signature: _____ Date: _____

From: _____ To: _____

Witnessed By: _____



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Any documentation provided by the participant in conjunction with the application of this procedure, such as completed copies of Annex A, completed copies of Part II of Annex B, medical practitioner's statements, or lists of medication, will be handled as PROTECTED information and will be handled in accordance with TRIATHLON ONTARIO's Privacy Policy. Documents should be retained for a period of at least seven (7) years following the event, after which the documents can either be destroyed in a manner appropriate for PROTECTED material.

For reasons of privacy, participants may choose to provide information regarding allergies and prescription medication in a sealed envelope on the provision that the envelope is not to be opened except in the event of their being unconscious and unresponsive. Upon completion of the event, the envelope, if unopened, can be returned to the participant for destruction. If circumstances were such that the envelope had to be opened, the contents shall be retained and handled as PROTECTED information.