**Triathlon Ontario’s Ultimate Open Water Swim Clinic For Age Groupers**

Triathlon Ontario, in partnership with the Canadian Sport Institute Ontario (CSIO), is proud to offer a world class Open Water Swim Clinic specifically designed for Age Groupers. There are many quality swim clinics available but none have the level of expertise and the rare opportunity to experience the multimillion dollar Toronto Pan Am Sports Centre. You don’t need to be an Olympian to work with Olympic level coaches and consultants.

This exciting clinic will include swim and video analysis (individual and group review), a nutritional seminar, two swim sessions that will feature lots of technique and open water drills, as well as a talk by a Canadian Olympic open water swimmer Zsofia Balazs.

This will be your first chance to swim in the multimillion dollar Pan Am Centre before the rest of the world does and have access to the CSIO's Olympic coaches, biomechanist, nutritionist and meet and pick up tips from a Canadian Olympic Open Water swimmer.  Space will be limited so pre-registration is mandatory.

**Schedule:**

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| **Saturday February 21st, 2015** | | | |
| Session | Time | Location | Activity |
| Welcome & Introductions | 8:45am | CSIO Lobby | Meet and greet with clinic instructors and participants |
| Open Water Swimming Overview | 9:00am |  | Analysis of Open Water Swimming and Open Water swimming for Triathlon |
| Open Water Olympian: Zsofia Balazs | 9:30am | Zsofia will share stories from her International and Olympic Open Water swimming career, as well as, discuss open water training and various race tips |
| High Performance Nutrition | 10:00am | CSIO Nutritionist will discuss nutrition for training, race day and recovery |
| Activation | 11:00am | John Grootveld and Zsofia Balazs will take the group through a pre session activation routine |
| Pool Session # 1 | 11:30am | The session will include a group warm-up, 3 station rotations (1-Stroke Technique, 2-Open Water -Skills and Drills, 3-Freestyle Technique) and a warm-down. Session conducted by John Grootveld, Zsofia Balazs and CSIO Biomechanist. |
| Lunch/ Break | 1:30pm | Lunch can carry over into the next session |
| Technique and Training discussion | 2:00pm | A discussion about efficient Freestyle technique and training principles for Open Water Swimming |
| Pool Session # 2 | 3:00pm | The second pool session will be an example of a typical mid-season training session with a technical and open water focus |

**Price:**

Participant: $150.00

**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**](mailto:info@triathlonontario.com)

**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:

**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 that our team should be aware of? ⎔ Yes ⎔ No

If “Yes”, please provide details:

Are you prone to specific and/or recurring injuries? Yes No

If “Yes”, please provide what they are and what activities generally initiate them?

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

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| **PAYMENT INFORMATION:**  Total Amount: $\_\_\_\_\_\_\_\_\_\_  PAID BY: CHEQUE VISA M/C  NAME AS IT APPEARS ON CREDIT CARD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EXPIRY: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ |

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| Cheques made payable to “**Triathlon Ontario**” and mailed to:  Triathlon Ontario  3 Concorde Gate, Suite 205  Toronto, ON  Canada  M3C 3N7 | Please return this completed document via email to: [info@triathlonontario.com](mailto:info@triathlonontario.com). |

*You will receive an email confirmation once your cheque has been received*

ANNEX A – GENERAL STATEMENT OF RISK TRIATHLON ONTARIO

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

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:

1. Swimming, biking and running;
2. Executing strenuous and demanding physical techniques;
3. Vigorous physical exertion, rapid movements, quick turns and stops;
4. 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;
5. Unexpected reactions from interaction of medications on cardiovascular or respiratory function; adverse allergic reactions to medication during exercise;
6. Exerting and stretching various muscle groups;
7. Entering the water by either diving or jumping;
8. Extended time in water and underwater;
9. 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);
10. Unanticipated allergic reactions from insect bites or contact with water-borne organisms;
11. Gastrointestinal upset (nausea, diarrhoea) due to ingestion of contaminated water during swimming events; time course is usually measured in hours post-swim;
12. Ingestion of contaminated water or food (pure water or mixed sports drinks ) from race aid stations, or from athletes’ own pre-prepared hydration bottles.
13. Mounting, dismounting or falling off a bicycle;
14. Falling or colliding with the ground, walls, stands, equipment or with other participants;
15. Falling due to uneven or irregular terrain or surfaces;
16. Failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment;
17. Contact or being struck by other participants, spectators, equipment or vehicles;
18. Spinal cord injuries which may render me permanently paralyzed;
19. 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.

Triathlon Ontario assumes no liability for loss of, or damage to, any personal effects or equipment brought 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.