

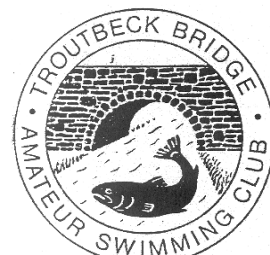


Troutbeck Bridge A.S.C. & Westmorland Triathletes

present

THE 11TH TROUTBECK JUNIOR TRIATHLON

Sanctioned by the British Triathlon Association



TO BE HELD AT TROUTBECK BRIDGE POOL AND THE LAKES SCHOOL, WINDERMERE

ON

SUNDAY 10TH AUGUST 2008

Registration from 12.30pm Briefing 2.30pm Start 3pm

ENTRY FEE £8.00 to B.T.A. Members / £10.00 to Non - B.T.A. Members

this will include all postage and a set of results (and any photos taken)

Entrants Details

SURNAME							
FORENAME(S)							
ADDRESS							
TEL.NO.							
Male/Female		AGE		Date of Birth		Category	

PLEASE NOTE - AGE CATEGORY SHALL BE AGE ON DAY

RACE DISTANCES	CAT	AGE	SWIM	BIKE	RUN
	A	8	50M (2L)	1000M (1L)	400M (1L)
	B	9 / 10	100M (4L)	2000M (2L)	800M (2L)
	C	11 / 12	150M (6L)	3000M (3L)	1200M (3L)
	D	13 / 14	200M (8L)	5000M (5L)	2000M (5L)
	E	15 / 16	300M (12L)	6000M (6L)	2400M (6L)

B.T.A. Memb No. _____

or Please tick

I am not a member of the B.T.A. and require a Day Membership. I agree to my name and address being passed to the B.T.A. for the sole purpose of registering my day membership and providing insurance cover. I agree to abide by the conditions of membership and rules of the B.T.A (details of which are published on www.britishtriathlon.org)

Parental Consent & Medical Details

I declare that the above named person is fit to take part in this event. I understand that they participate entirely at their own risk, and relieve the race referee, organiser or personnel, of any responsibility for injury, loss or damage sustained to either person or property as a result of participation. I also declare that the above named person's cycle is in roadworthy condition and helmet meets British Safety Standards. Please note a photographer will be present on the day - if you do NOT want your child's photo taken or used in the local paper with results please tick here. _____

Please declare any medical conditions e.g. asthma, or any medication taken at the time. Please remember that this information can help us to help you in the event of an emergency and will be held in strict confidence.

ukresults.net

Signed - Parent / Guardian _____

Date _____

Please return this entry form with fee(s) to _____

Sue Aitken 3 Hawk Street Carnforth Lancs. LA5 9LA (Mobile No. 07734698799)

Cheques should be made payable to T.B.A.S.C. Thank you

A race pack with full details will be sent to you on receipt of entry form and fee

CLOSING DATE FOR ENTRIES WILL BE FRIDAY 25th July 2008