

**NATIONAL TRIATHLON CENTRE (NTC) / REGIONAL TRAINING CENTRE - Victoria (RTC)  
JUNIOR SPRING TRAINING CAMP 2012**

ATHLETE NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ AGE AS OF DECEMBER 31<sup>ST</sup>: \_\_\_\_\_

GENDER:      MALE                  FEMALE

400METER SWIM TIME: \_\_\_\_\_ 2KM RUN TIME: \_\_\_\_\_

TRIATHLON BC NUMBER: \_\_\_\_\_ CURRENT TRIATHLON CLUB: \_\_\_\_\_

CARE CARD NUMBER: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

EMERGENCY PHONE #1: \_\_\_\_\_ PHONE #2: \_\_\_\_\_

ALLERGIES AND/OR  
MEDICATION/FOOD: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

CURRENT MEDICATIONS: \_\_\_\_\_

\_\_\_\_\_  
PREVIOUS/CURRENT INJURIES: \_\_\_\_\_

HOMESTAY REQUIRED (not guaranteed): YES                  NO

ADDITIONAL COMMENTS:

Please forward complete Registration form to:

Kelly Guest  
#2-4583 Wilkinson Rd  
Victoria, BC, V8Z 5C3  
Email: [victoriaticamp@gmail.com](mailto:victoriaticamp@gmail.com)