

**NATIONAL TRIATHLON TRAINING CENTRE (NTTC)  
REGIONAL TRAINING CENTRE (RTC)  
JUNIOR ELITE VICTORIA SPRING CAMP 2011**

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:

PAYMENT: Cheques are to be brought to the Camp and should be made out to Kelly Guest.