



# Washington Youth Triathlon Series REGISTRATION FORM

Please Enter Information

## Camper Information

\*First Name:

\*Last Name:

Male

Female

\*Birthdate:

\*Email: this email address is for important camp info.

\*Enter email again:

\*Day Phone:

\*Evening Phone:

\*Address:

\*City:

\*State:

\*Country:

\*Zip Code:

## Camp Information

\$170 ( 2 locations)

**Camp Location:**  
Cashmere, Wa.

**Camp Dates:**  
July 30th thru August 3rd

# Waiver form

I know that participating in an organized athletic event is potentially hazardous, and that I should not enter to participate unless I am medically able and properly trained. I HEREBY ASSUME THE RISKS OF PARTICIPATING IN THIS EVENT. I certify that I am physically fit and that I have sufficiently trained. I agree to abide by the competitive rules. I hereby take the following action for myself, my executors, administrators, heirs, next to kin, successors and assigns, or anyone else who might claim or sue on my behalf, and I hereby waive, release and discharge from any and all claims, losses, or liabilities for death, personal injury, partial or permanent disability, property damage, medical or hospital bills, or theft which may arise out of or relate to my participation in this event. I agree not to sue, and to hold harmless any and all persons, sponsors, volunteers, participants or government agencies for any and all claims or liabilities that I have waived, released or discharges herein. I understand that the Entry Fees are Non-Refundable/Non-Transferable.

\_\_\_\_\_  
Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

Please Return waiver and camper info to:

Platypus Sports  
P.O. Box 323  
Cashmere, WA 98815

