

Tricat Sports Registration Form

Mail registration & make checks payable to: TRICAT SPORTS, P.O. Box 62306, Harrisburg, PA 17106

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail Address: _____

Age on race day: _____ Date of Birth: _____ Sex: Male Female

PINCHOT SPRINT TRIATHLON – SUNDAY JUNE 6TH, 7:30 AM

- \$65 Individual - thru 5/24 (\$26 tax deductible) \$95 Individual - after 5/24 (\$56 tax deductible)
 \$105 Team registration (\$48 tax deductible)
 \$65 Duathlete - thru 5/24 (\$26 tax deductible) \$95 Duathlete - after 5/24 (\$56 tax deductible)

CATFISH TRIATHLON – SUNDAY JULY 11TH, 7:00 AM

- \$70 Individual - thru 6/28 (\$31 tax deductible) \$95 Individual - after 6/28 (\$56 tax deductible)
 \$115 Team registration (\$48 tax deductible)
 \$70 Duathlete - thru 6/28 (\$31 tax deductible) \$95 Duathlete - after 6/28 (\$56 tax deductible)

FULL SERIES REGISTRATION (INDIVIDUAL ONLY)

- \$120 Individual through 6/2 (\$42 tax deductible)

Team must provide a team name and all members must sign waiver. Waiver (must be signed by all participant) In consideration of the acceptance of my entry, I, for myself, my executors, administrators and assignees do hereby release and discharge Tricat Sports, and all associated sponsors of all claims and damages, demands, actions whatsoever in any manner arising out of my participation in said athletic event. I attest and verify that I have full knowledge of the risks involved in this event and I am physically fit and sufficiently trained to participate in this event. I have fully read and understood the race application, rules and information whether on the web site or on the application and will abide by all the rules therein.

Individual Signature

Name: _____

Team Signatures (Each Relay Members Must Sign Below)

Swimmer: _____

Biker: _____

Runner: _____

Parent Signature (Required If Under 18)

Parent Signature: _____

Date: _____

Because of risks to people with cystic fibrosis (CF), individuals with a confirmed positive sputum culture for *Burkholderia cepacia* (*B. cepacia*) complex shall not attend this event. This is because *B. cepacia* can be passed between individuals who have CF through close proximity. *B. cepacia* infection in a person with CF can cause serious respiratory illness and, in some patients, may lead to death. Despite this policy, there might still be some individuals with *B. cepacia* in attendance. *B. cepacia* is not a risk for otherwise healthy individuals. For alternative ways to participate and for information about this policy, please contact the CF Foundation at (800) FIGHT-CF or visit www.cff.org. Consult your CF care center physician with medical questions.



For more information call Erin Velazquez - 717-671-4000 or e-mail: evelazquez@cff.org

All proceeds benefit the Cystic Fibrosis Foundation