

# Tricat Sports Registration Form

Mail registration and make checks payable to: Tricat Sport, 2201 Woodview Drive, Harrisburg, PA 17112.

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Age on race day: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex:  Male  Female

## MASON-DIXON SPRINT – JUNE 3, 2012

- \$65 Individual/Duathlete - thru 5/23 (\$51 tax deductible)  \$95 Individual/Duathlete - after 5/23 (\$81 tax deductible)  
 \$105 Team (\$63 tax deductible)

## CATFISH SPRINT – JULY 8, 2012

- \$70 Individual/Duathlete - thru 6/27 (\$56 tax deductible)  \$95 Individual/Duathlete - after 6/27 (\$81 tax deductible)  
 \$115 Team (\$73 tax deductible)

Team must provide a team name and all members must sign waiver. Waiver must be signed by all participants. In consideration of the acceptance of my entry, I, for myself, my executors, administrators and assignees do hereby release and discharge the Cystic Fibrosis Foundation and 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 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](http://www.cff.org). Consult your CF care center physician with medical questions.



For more information call JJ Nissley at 717-877-0447 or e-mail: [jay@getsps.com](mailto:jay@getsps.com)  
Proceeds benefit the Cystic Fibrosis Foundation