



# 2018 TRIATHLON TRAINING

**Family Aquatic Center**  
1800 North Mt. Olive

Monday, July 2nd  
9a.m. – 11:00 a.m.  
Ages: 5 – 13 - Cost: \$12



This day camp will prepare kids to participate in the annual Kid's Triathlon on Saturday, July 7<sup>th</sup>.

### Participant Information

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/PO Box City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

T-shirt size: YS YM YL YXL AS AM AL

### Emergency Information

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Secondary emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### RELEASE OF LIABILITY

I agree to assume the full risk of any injuries, damages, or losses that I or any minor for whom I am responsible may sustain as a result of participation in this program or event. I do hereby fully release and discharge the City of Siloam Springs, its officers, agents, and employees from any and all claims from injuries, damages, or loss that I, or my minor child or ward, may suffer on account of said participation. I further agree to indemnify and hold harmless the City of Siloam Springs, its officers, agents, and employees from all claims, suits, actions, injuries, damages, and losses sustained by me or my minor child or ward arising out of or in any way connected with said participation.

I have read and fully understand the above Waiver and Release of all claims.

\_\_\_\_\_  
Signature Date

Office Use Only	<input type="checkbox"/> Cash	<input type="checkbox"/> Check # _____	<input type="checkbox"/> Debit/Credit	Amount _____	Processed By _____	Date _____	Receipt # _____
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