

Lifesports Camp/Workshop Registration Form



Please fill-in this form completely and fax or mail it to us as noted below. Leave space blank if you are unsure of an answer. Many camps and workshops have limited space so first come-first serve. You will be contacted via email to confirm our receipt of your registration within 72 hours of submission.

Call Toll Free **1-888-288-0503** with any questions or visit **www.spinervals.com**
or **www.triathlonacademy.com**

Mail To: Lifesports, Inc., ATTN. Camps, 19840 Graystone Road, White Hall, MD 21161
Fax To: 410-823-5067

Please list the camp/workshop location and dates you would like to attend:

Location: _____ dates: _____ - _____

CONTACT INFORMATION

Name _____
Phone (w) _____ (h) _____ e-mail _____
Address _____ city _____ st / zip _____

PERSONAL PROFILE INFORMATION

Male / female dob _____
Occupation _____
Ht _____ wt _____ body fat% _____
VO2 max _____ lactate threshold _____ watts at Threshold _____

TRAINING INFORMATION

Sport you are training for _____ years competing ____
Describe your experience in this sport _____

List your strengths _____

List your weaknesses _____

GOAL INFORMATION

Please list your goals for this coming season and let us know what you'd like to accomplish at the camp/workshop. _____

MEDICAL INFORMATION

Do you have any allergies? _____ If yes, please explain. _____

Do you take any medications that will affect your training? _____ If yes, please explain _____

Do you have any medical conditions or other injuries that we should be aware of at camp? _____ If yes, please explain. _____

Have you had a recent check up from your doctor and have you been given the OK to participate in strenuous endurance training for competition? _____

PAYMENT AND CONTRACT INFORMATION

Please Note: A 50% deposit will be charged to your credit card once we receive your application. The deposit is non-refundable after December 31, 2004 for the Tucson Arizona Camps and April 31, 2005 for the Lake Placid camps. Deposits are nonrefundable 30 days before workshops and clinics.

Amount of Deposit: \$ _____ (1/2 deposit is required to hold your space.)

CREDIT CARD (Visa / AMEX / MCard) _____ Exp. ____ / ____

Billing Address (if different from mailing address): _____

CHECK (U.S. Funds only): \$ _____ .00

I authorize Lifesports, Inc. to bill my credit card in the amount of \$ _____ as tuition for attending a camp / workshop.

Authorized Signature _____ Date _____

WAIVER AND RELEASE *(Please read carefully and sign.)*

I acknowledge that sports training and racing is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. I hereby assume the risk of participating in the training and other activities recommended by troy jacobson multisport, lifesports, inc., , It's associates and employees. I certify that i am physically fit, am sufficiently trained for participation in this program and have not been advised against participation by a qualified health professional. I acknowledge that my statements on this awrl are true. I acknowledge and accept the risk associated with rigorous physical training. I waive, release and discharge from any and all claims , losses, or liabilities of death, personal injury, partial or permanent disability of property, damage, medical or hospital bills, theft, or damage of any kind, including economic loss, which may in the future arise out of or relate to my participation in this training program. I agree not to sue any of the persons, associates, companies or entities associated with troy jacobson multisport, LLC. I hereby affirm that i am eighteen (18) years of age or older. I have read the document and i understand its contents without any question whatsoever.

SIGNED _____ DATE _____