



2015 Canadian Pentathlon Championships

August 15-16, Baden, Ontario

ENTRY FORM

Please submit one entry form per competitor. Please note all prices quoted are in Canadian Funds.
A PayPal Invoice Invoice will be sent for payment by closing date of July 28, 2015.
After July 28, a \$50.00 late fee will be charged.

*Send entry form to Pauline Vossen, Entries, at jprudolph1@gmail.com before closing date of July 28th 2015
for inquiries or information on entering more than one division please contact salagrange@sympatico.ca

Last Name: _____ First Name: _____

Address: _____

Postal Code: _____ Email: _____

Phone: () _____ Cell: () _____

Birth Date (YY/MM/DD) _____ Division entered : _____

Please note Pentathlon Ontario is a volunteer driven organization. As such, we would like one volunteer for each Canadian competitor to commit to assist with Set up, Tear Down or Timing at some designated time during the day. Please indicate the name of the volunteer for the athlete: _____

Best official 2015 recorded swim time for your division entered : division: _____ time : _____

If applicable: I will be sharing a LASER pistol with _____

FEES:

- 5 events Package- Includes riding. (includes Awards dinner, lunch) , Team Relay \$ 250.00
- 4 events Package- (includes Awards dinner, lunch) , Team Relay \$ 200.00
- Pentathlon Ontario Day Membership (International Entries) \$ 10.00
- I need to borrow fencing equipment \$ 10.00
- I need to borrow a laser pistol \$ 10.00
- Late fee- Entries & Payment received after July 28th 2015 \$ 50.00

Total Competitor Event Registration: \$ _____

Additional Tickets: Please indicate number of additional tickets required.

- Banquet Dinner only, Adult \$ 50.00 x _____
- Banquet Dinner only Child (under 12 Years of age) \$ 30 .00 x _____
- Meal Package , Adult (includes Breakfast snacks ,lunch Saturday and Sunday, Banquet Dinner) \$ 100.00 x _____
- Meal Package, Child
- (includes Breakfast snacks, Lunch Saturday and Sunday, Banquet Dinner \$ 80.00 x _____ (Under 12 Years of age)

Total Additional Guest Event Registration: \$ _____

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ENTRY WAIVER

Name: _____ Birth Date: (MM/DD/YY) _____

Waiver and Release: I understand that participation in laser pistol shooting, fencing, running, riding and swimming involves certain risks and serious dangers which are inherent to the sport and I hereby release the Pentathlon Ontario ("P.O."), Pentathlon Canada, The Corporation of the township of Wilmot, Findaway Equestrian Services Inc. , and their Directors, Officers, Officials, Representatives, Servants and Agents from any liability or costs arising out of or in connection with any activity of Pentathlon, including any liability due to the negligence or a breach of contract of its servants or agents in the course of my participating in the sport, or training, for a Pentathlon Ontario event.

I further confirm that I am over the age of majority in my province or country , (alternatively) I understand that my parent or guardian is required to sign this Waiver before I can participate in any activity under the auspice of the Pentathlon.

Athlete name: _____ Signature: _____

Date: _____

FOR MINORS UNDER AGE OF 18 - I concur that the above named minor is in good physical condition and may participate in Pentathlon activities. I have read and understood the above waiver and my signature indicates agreement with both the application for participation in this sport and with the waiver.

Parent/Guardian name: _____ Signature: _____

Patient/Guardian Consent: Consent is hereby given for such routine diagnostic procedures and medical treatment by an attending physician, his or her assistants or his or her designees as is necessary in his or her judgment should such care be required by either myself or the above mentioned athlete.

Parent/Guardian Signature: _____ Name: _____

Date: _____

The safety of horses provided for Modern Pentathlon competitions is of concern to all of Modern Pentathlon. I recognize that the riding course and/or the horse selected for me might be beyond my riding abilities. and I accept the authority of the Technical Committee (Equestrian Phase), in consultation with the head of my team delegation, during the warm-up phase of the riding competition, to decide to exclude me from the riding event.

Athlete Signature : _____

Parent /Guardian Signature : _____ Name: _____

Date: _____