

**2019 USAT Skills Camp**

**University of California at Santa Barbara**

**Registration Form**

**July 9-13 (Tuesday - Saturday)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name | First Name | | | Email-mandatory! | | D/O/B M/D/Y | |
| Mailing Address | | | | Gender: M F | T-Shirt Size | | Age |
| City | State | Zip | Home Phone  ( ) | | Cell Phone  ( ) | | |
| Emergency Notification Name | | | Relationship | | Phone  ( ) | | |
| Parent’s Email (if different) | | | USAT Member # | | USAT Expiration Date | | |
| Roommate Preference (name) | | | | | | | |
| Travel plans (if flying, please provide your itinerary) | | | | | | | |

**Medical and Insurance Questionnaire**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Height | Weight | Blood Type | |  |
| Are you currently taking any medications? If yes, list type and reason. Yes - No | | | | |
| Please list any allergies to food, medication or other. | | | | |
| Conditions: Epilepsy Heart High Blood Pressure Hearing Aid Contact lenses  Asthma Diabetes Allergies Other | | | | |
| Describe any recent/recurring injuries you’ve had: | | | | |
| Have you ever been advised not to participate in athletic training or strenuous physical activities? | | | | |
| Insurance Company\*: | | | Telephone Number:  ( ) | |
| Name of Policy Holder: | | | Policy Number: | |
| Primary Care Physician: | | | Physician’s Phone Number: ( ) | |

\*Participants should bring an insurance card or proof of insurance and current USAT card with them to camp.

**Athletic History**

How many Triathlons completed in the past?

Distances and completion times?

Have you raced Draft legal triathlons?

Regional or National Elite Ranking in 2016?

Personal Record Times: 200 yd swim-

500 yd swim-

1 mi run-

5k run-

Any experience in Road Bicycle Racing?

Do you swim with an age group team year round?name of team-

Have you swum in open water? Lakes? Ocean? Do you own a triathlon wetsuit?