

**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?