

CPBC Triathlon: August 6, 2017



Covenant Point Bible Camp
 358 W. Hagerman Lake Rd.
 Iron River, MI 49935
 Phone: 906.265.2117 Fax: 906.265.5123
 www.cpbc.com | registrar@cpbc.com

Competitor

Name(s) _____
Last City/State/Zip First

Address _____

Home Phone _____ Day Phone _____ Cell Phone _____

Email _____ **Dietary Restrictions - Must provide written explanation with registration form, including: treatment plan in the event of a reaction, and permission to share allergy related information with appropriate staff.**

Church _____ City _____

T-Shirt Size _____

Gender M / F

- Full Triathlon (Individual) Fitness Walk
- Sprint Triathlon (Individual - half) Team Triathlon (each member please register seperately)

Team Name: _____

Team Members: _____

Non-Competing Guests

	Date of Birth	Gender	Grade in fall 2017
	Date of Birth	Gender	Grade in fall 2017
	Date of Birth	Gender	Grade in fall 2017
	Date of Birth	Gender	Grade in fall 2017
	Date of Birth	Gender	Grade in fall 2017
	Date of Birth	Gender	Grade in fall 2017

I recognize there is an element of risk in outdoor sports or activities. Understanding the risks, dangers, and rigors involved in Covenant Point Triathlons, I certify that the above named competitor is fully capable of participating in this event. I hereby give my consent to have the above-named competitor and non-competing guests fully participate in all camp activities, outings, and field trips conducted on and off the campus of Covenant Point recognizing that there are risks known and unknown, foreseeable and unforeseeable, involved in participating in these or similar activities. Covenant Point has taken reasonable and prudent steps to reduce known and foreseeable risks. I understand activities may be strenuous and/or outdoors and agree that participation in activities is voluntary. I understand and agree that neither Covenant Point, nor its trustees, officers, directors, employees, agents or representatives may be held liable in any way for any injury, harm, damage or death which may occur to the above Participant(s) as a result of participation in these activities and hereby release, save and hold harmless the above mentioned of said injury due to participation in these activities. Further, I do consent to any and all medical treatment that may be deemed necessary for the Participant(s) should he/she require such assistance, including the ordering and administering of medications. I agree that my insurance plan is the primary plan to pay for the medical, dental or hospital care or treatment that is given to the Participant(s). I agree to allow Covenant Point to transport Participant(s) as needed and to use a photocopy of this form as my authorization when necessary. Covenant Point may use participants' photo, films, digital images, video, and sound recordings in future promotional materials.

Signature _____

Printed Name _____ Date _____

Calculate Your Cost

	Lodging + Sat Dinner + Sun Bfast and Lunch	Sat Dinner + Sun Bfast and Lunch	Sunday Lunch	Totals:
Competitor	no cost	no cost	no cost	N/A
Non-Competing Adult	_____ @ \$30	_____ @ \$20	_____ @ \$12	\$
Non-Competing Child 12-17	_____ @ \$30	_____ @ \$20	_____ @ \$12	\$
Non-Competing Child 5-11	_____ @ \$15	_____ @ \$10	_____ @ \$6	\$
Child Under 5	no cost	no cost	no cost	N/A
			BALANCE DUE:	

Payment Information

Check enclosed \$ _____ Check # _____
 Make check payable to Covenant Point Bible Camp.

Visa Mastercard

Card # _____ - _____ - _____ - _____

Expiration Date _____ CSC _____

Signature _____