



USAT Select Camp East

July 26-31 2009

The Mid-Atlantic Region Triathlon Select Camp is a five-day, 4 night camp for athletes 15 to 19 years old, held at Kutztown University, Kutztown, Pennsylvania. The camp is the perfect place to enhance your triathlon skills under the supervision of an expert coaching staff. Participants will take part in daily swim, bike and run sessions. They will receive one-on-one sport-specific instruction, as well as lessons in goal setting, the art of balancing school sports and triathlon training, and race strategy for non-drafting and ITU-style (draft-legal) triathlon competition. Emphasis will be placed on developing correct bike handling skills, open water specific swim skills, running form and drill work, transition speed as well as many other related skills. Athletes will enjoy getting to know peers who share a similar interest and passion for the sport of triathlon. This camp is open to junior triathletes that want to excel in the sport. Performance data collected at the camp will be shared with USA Triathlon and could result in invitations to participate in subsequent USAT national teams programs.

Each athlete will need to bring a road style bicycle preferably with clip pedals. They should not have bar end TT type shifters. As soon as we receive your application, we will send you a camp itinerary as well a list of items each athlete will need for the week.

Kutztown University offers a 400m all weather track, a 200m indoor track, 6 lane indoor pool, a national certified groomed cross country course and miles of beautiful roads to ride and run on.

Athletes must achieve standards to be considered for this camp. Please fill out the questionnaire below or contact me at todd@TWileySports.com.

Registration instructions:

Attached are the Registration Form and Waiver for the 2009 USAT Select Camp East. The camp will take place at Kutztown University, Kutztown, PA beginning at 1:00 PM on 7/26 and ending at 12 PM on 7/31. Sign in from 12:30-1:00 PM. **No lunch will be served that day.**

You will need to register by completing this Application Form and Waiver and mail it with your registration fee, payable to TWiley Sports. Please mail all paperwork (including waiver) to Todd Wiley, 5178 Downs Run, Pipersville, PA 18947. The camp is limited to the first 25 athletes registered. We will form a waiting list in the order the registration forms were received. The Camp director will have the final word on who will attend.

The complete registration fee is due together with your application to reserve your place in the camp. Any cancellations must be done by phoning Todd Wiley at 215-766-8623.

Dates: July 26-30 2009

Registration Fee Structure for each camp (prices do not include transportation to/from camp):

CAMP FEES:

Before April 30 \$375

Before June 30 \$400

June 30- camp \$425

Cancellation policy- \$100 registration fee is non- refundable. full refund up to May 31st (minus reg. fee), 50% refund June 1-July 1st (minus reg. fee) No refunds after July 1.

Registration fee is per person, double occupancy and provides room and board, all coaching services, snacks and performance drinks, and goodie bag. Athletes must bring towels and bedding. Athletes may wish to bring a fan as the dorms are not air conditioned.

Athletes are responsible for arranging transportation to and from the camp at Kutztown University. If you are not driving in please contact me as we will help out with transportation to the University. Please state this on the application if you are planning to fly into Lehigh Valley International. We will need to have a full itinerary in order to make plans for pick up and exit.

Space is limited to 25 athletes. A waiting list will be maintained in order of application received. The minimum age for participation in this camp is 15 years old (in 2009) may make exceptions for outstanding athletes. The maximum age is 19 years old (in 2009).

ALL ATHLETES MUST BE ANNUAL MEMBERS OF USAT



**2009 USAT Select Camp- East at
Kutztown University, Kutztown, PA**

Application Form
July 26-31

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)							

Medical and Insurance Questionnaire

Height	Weight		
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 Others:			
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 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 2008? 2007?

Personal Record Times: 500 yd swim-
 400 m swim-
 1 mi run-
 5k run-

Any experience in Road Bicycle Racing?

Do you swim with an age group team year round?

Have you swam in open water? Lakes? Ocean?

Waiver – Signature(s) and Date Required

READ THIS DOCUMENT (THE "WAIVER AGREEMENT") CAREFULLY BEFORE SIGNING. THIS WAIVER AGREEMENT WILL AFFECT YOUR LEGAL RIGHTS AND WILL LIMIT OR ELIMINATE YOUR ABILITY TO BRING A FUTURE LAWSUIT.

I understand and acknowledge that I am legally agreeing to the statements in the following paragraphs of this Waiver Agreement by affixing my signature below and that these statements are being accepted by USA Triathlon (hereinafter "USAT") in consideration for (i) allowing me to become a member of USAT, (ii) issuing me a single event license or permit, and/or (iii) permitting me to participate in any USAT sanctioned event; and I further understand and acknowledge that my statements are being relied upon by race sponsors, organizers, administrators, volunteers and other parties defined below as the "Released Parties."

1. I acknowledge that a triathlon, duathlon, or other multi-sport event (hereinafter "Event") is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property damage. I acknowledge and agree that it is my responsibility to determine whether I am sufficiently fit and healthy enough to safely participate in an Event, and I attest and certify that I am or will be sufficiently fit and physically trained to participate in any Event which I elect to enter. I have no physical or medical condition which would endanger myself or others if I participate in any Event, or would interfere with my ability to safely participate in any Event. I accept responsibility for the condition and adequacy of my competition equipment and my conduct in connection with any Event. I understand and acknowledge the dangers associated with the consumption of alcohol and/or drugs before, during and after any Event and I recognize that consumption of alcohol and/or drugs might impair my judgment and/or motor skills. I assume full responsibility for any injury, loss or damage associated with my consumption of alcohol and/or drugs.

2. On behalf of myself, my executors, administrators, heirs, next of kin, successors and assigns, and anyone else who might sue on my behalf, I HEREBY WAIVE, RELEASE, and FOREVER DISCHARGE USAT, all Event sponsors, Event producers, Event staff, administrators, officials, contractors, vendors, and organizers (including race directors), volunteers, all other persons or entities involved with an Event, states, cities, towns, and other governmental bodies and locations in which an Event or portions of an Event takes place, and the officers, directors, employees, agents, insurers, other participants and representatives of all of the above (collectively, the "Released Parties"), from any and all claims, causes of action, damages, losses (economic and non-economic), and liabilities of every kind (collectively "Claims"), for death, personal injury, or property damage, which may arise out of, result from, or relate to my participation in, or my traveling to or from, any USAT sanctioned Event, including but not limited to any Claims for theft, damage to any equipment, negligence, partial or permanent disability, Claims relating to the provision of first aid, medical care, medical treatment, or medical decisions (at an Event site or elsewhere), and any Claims for medical or hospital expenses.

3. I acknowledge and ASSUME ALL OF THE RISKS and aspects of an Event. I acknowledge that running, bicycling, swimming and other portions of an Event are inherently dangerous and I understand that I will be participating in an Event at my own risk, that I am responsible for the risk of participation in an Event, and that I am waiving and releasing my legal rights to sue for any injury or damages arising out of or resulting from my participation in an Event. I further understand that any injury or damages incurred may be the result of negligence, omission or carelessness by the Released Parties.

4. I FURTHER COVENANT and AGREE NOT TO SUE any of the Released Parties for any of the Claims that I have waived, released, or discharged herein. I AGREE TO INDEMNIFY and HOLD HARMLESS the Released Parties from any and all expenses incurred, Claims made, or liabilities assessed against them, including but not limited to attorneys' fees and litigation expenses, arising out of or resulting from, directly or indirectly, in whole or in part, my breach or failure to abide by any part of

this Waiver Agreement, my breach or failure to abide by any of USAT's Competitive Rules, and my actions or inactions which cause injury or damage to any other person.

5. I AGREE to abide by the Competitive Rules adopted by USAT and the Guide to Prohibited Substances and Prohibited Methods of Doping adopted by the United States Anti-Doping Agency. I AGREE that prior to participating in an Event I will inspect the race course, facilities, equipment, and areas to be used, and if I believe or become aware that any are unsafe, I will immediately advise the Race Director. I FURTHER GRANT to Event organizers, USAT, and their licensees the right, permission, and authority to use my name, voice, picture, or photograph, in any broadcast, telecast, commercial advertisement, promotion, or other account of an Event, and I WAIVE any rights to future compensation to which I might otherwise have been entitled for such use.

6. The parent or legal guardian who signs the Waiver Agreement on behalf of a minor, incapacitated and/or mentally challenged person (hereinafter "Said Person"), hereby acknowledges that he or she has the legal capacity and authority to act on behalf of Said Person to legally bind Said Person to the Waiver Agreement. The parent or legal guardian who signs the Waiver Agreement agrees to indemnify and hold harmless the Released Parties for any expenses incurred, Claims made, or liabilities assessed against them, as a result of any insufficiency of legal capacity or authority to act on behalf of Said Person in the execution of the Waiver Agreement.

7. If any provision of this Waiver Agreement shall be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Waiver Agreement and shall not affect the validity and enforceability of any remaining provisions.

PRINT NAME: _____ SIGNATURE: _____ DATE: _____

Parent or guardians name _____ signature _____ date _____