

# Registration Form: 2011 Cape Cod Triathlon Multisport Camp

## May 28-29, Camp Nan-Ke-Ra, Nickerson State Park, Brewster MA

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

_____ Training first day	\$30	\$ _____
_____ Training second day (including barbecue)	\$40	\$ _____
_____ Full cabin: 1, 2 or 3 nights, same price	\$100	\$ _____
_____ Shared cabin: 1, 2 or 3 nights, same price	\$50	\$ _____
_____ Friends/family eating on-site both days	\$20 per person	\$ _____
_____ Saturday night dinner out	\$25 per person	\$ _____
_____ Membership in Club for 2011 (required for insurance) (only required if not currently a 2011 member)	\$20 indiv./25 family	\$ _____
	Total:	\$ _____

Make checks payable to "Cape Cod Athletic Club"

I attest that I am physically fit and able to participate in the events indicated without endangering my health. By signing below, I hereby, for myself, heirs, executors and administrators, waive and release all rights and claims for damages I may have against the organizers, the camp owners, the coaches, the Cape Cod Athletic Club, Cape Cod Triathlon Team, Nickerson State Park, DreamDay Camp, all sponsors, coordinating groups and individuals associated with this event for any and all injuries suffered by me while participating in and traveling to and from the event.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Return to:**

Andrew Scherding  
P.O. Box 490  
South Orleans, MA 02662

**For more information**

508-246-6664  
[ascherding@mac.com](mailto:ascherding@mac.com)