

# Registration Form: 2010 Cape Cod Triathlon Multisport Camp

June 19-20, DreamDay Camp, Nickerson State Park, Brewster MA

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

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

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

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

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

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

Please indicate your plan:

_____	Full weekend: I'd like a cabin for myself	\$125	\$ _____
_____	I will also have family with me for meals _____ @ \$35 per		\$ _____
_____	Full weekend: Put me in the mens/womens shared cabins	\$90	\$ _____
_____	I will pitch my own tent/commute/or stay offsite	\$65	\$ _____
_____	I will participate one day (Please circle: Sat. / Sun.)	\$25	\$ _____
_____	Saturday night banquet (for single-day participants & guests)	\$25	\$ _____
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 camp 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 35  
 Marblehead, MA 01945

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