



TRI MY BEST



Triathlon



SUNDAY, SEPTEMBER 8, 2019

For School Age Kids with Movement Disorders

St. Louis Children's Hospital
Attention: Jennifer Miros, MPT
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Dear Triathlon athletes and families,
We are excited about the 5th annual Tri My Best Triathlon and glad that you will be a part of this event!
Please fill out the form below as soon as possible, the event could fill up prior to the August 14th deadline.
Please e-mail, fax or mail it when completed.

It is best to bring your own equipment (swim flotation device(s), cycle, bike helmet, gait trainer, walker, canes, etc.) to the event in order to assure proper fit and athlete comfort.

All athletes will be required to have a prescription or release form (see attached) from their primary physician in order to compete on September 8, 2019. It is the family's responsibility to have this completed before race day.

Registration Deadline: August 14, 2019.

Athlete Name: _____

Athlete Date of Birth: _____

Home Address: _____

Home Phone Number: _____ Cell Phone: _____

Email Contact: _____

Athlete Height: _____ Athlete Weight: _____

Medical Diagnosis: _____

Other Medical Conditions: _____

Choose One: Distance of Event

_____ 50 meter swim (1 lap); 0.5 mile bike; 0.15 mile run/walk/wheelchair push

_____ 100 meter swim (2 laps); 1 mile bike; 0.3 mile run/walk/wheelchair push

_____ 150 meter swim (3 laps); 1.5 mile bike; 0.45 mile run/walk/wheelchair push

_____ 200 meter swim (4 laps); 2 mile bike; 0.6 mile run/walk/wheelchair push

Athlete Entry is \$10 (includes athlete's T-shirt). *Scholarships available upon request.*

T-shirt size:

Youth: S M L XL

Adult: S M L XL 2XL

Family/Cheerleaders youth shirts are \$10 each. Family/Cheerleaders adult shirts are \$15 each.

Please include quantity and size of shirt(s). _____

Method of Payment:

_____ Check (Checks payable to: SLCH-CP Sports)

_____ Cash

PLEASE ANSWER THE FOLLOWING QUESTIONS

Do you currently receive Physical or Occupational Therapy? Yes No

If yes, please provide name and contact phone number of therapist/clinic: _____

Can the athlete walk independently? Yes No

If the athlete uses an assistive device to walk, please describe the assistive device (walker, canes, etc.) and how often they use it. 25% 50% 75% 100% of walking time. _____

If the athlete uses a wheelchair, how is the wheelchair propelled? Athlete pushes, Athlete drives power wheelchair, or Athlete is dependent on someone else to push/drive

Can the athlete transfer in and out of wheelchair independently? Yes or with 25% 50% 75% 100% assistance.

What does athlete use for long distances? Walker or wheelchair? _____

Can the athlete swim independently? Yes or with 25% 50% 75% 100% assistance?

Does the athlete have any medical conditions other primary diagnosis (asthma, breathing difficulties, heart trouble, bowel or bladder difficulties, G-button/tube, allergies, etc.)? If so, please list. _____

Does the athlete have a seizure disorder? If yes, please list frequency of seizures and treatment plan. _____

How does the athlete communicate? Talks, Sign Language, AAC Device, other: _____

Is the athlete currently taking any medications? If yes, please list medications and time schedule. _____

Does the athlete have any behavior or attention problems that could interfere with his or her ability to participate? What treatments is he or she receiving for this? _____

May we contact the athlete's physician and request necessary records regarding his or her medical condition? If yes, please list physician(s) and phone numbers. _____

Any additional information the staff should know about your child prior to participating in Tri My Best Triathlon? (Use back of form if needed) _____

Does your child tolerate loud noises (pool area)? Yes No If no, you can skip the swim and start in cycling.

Is your child comfortable with mascots/people dressed in costumes? Yes No If no, you can be in the 10:30 heat that will not have mascots.

Please check all that apply for your child:

Swim:

Skipping Swim portion due to noise level in pool.

I will need extra flotation devices to help me swim with triathlon partner in the pool. We will bring these with us to the event.

I will need extra flotation devices to help me swim with their triathlon partner in the pool. We need to borrow these from CP Sports Center. **I need to borrow a flotation device (please circle one option): puddle jumper, life vest, noodle, kickboard or water wings.

I can swim independently without extra flotation.

Please check one of the following:

I will need to use a mechanical lift to get into and out of the pool.

I will need extra assistance to get into and out of the pool.

I will use the ladder with (please circle one option) no assistance/ some assistance to get into and out of pool.

Bike:

***Please bring your own helmet or plan to purchase helmet at event.**

I have my own bike and will bring it to the triathlon.

I can ride and need to borrow a regular, two-wheeled bike without training wheels.

I can ride and need to borrow a regular, two-wheeled bike with training wheels.

I can ride and need to borrow a three-wheeled bike by myself.

I can ride and need to borrow an adaptive bike by myself.

I can ride and need to borrow an adaptive bike and need extra help steering and/or pedaling.

I have never ridden a bike/ tricycle before.

I will need to purchase a helmet from SLCH Safety Stop the day of the race.

Walk/Run:

I will run/ walk by myself or holding someone's hand for the walk/run portion of the race.

I will use my OWN walker or wheelchair for the walk/run portion of the race.

Please specify type of assistive device: (i.e.: Rifton pacer, Kaye walker, etc.) _____

I need to borrow a walker or walking aide for the walk/run portion of the race.

***Specify the type device (canes, walker). _____

Preferred Start Time (circle what time will work best):

8:30 am (Competitive Heat) 9:00 am 9:30 am 10:00 am 10:30 am (No Mascots) No preference

PARENT/GUARDIAN APPROVAL FOR PARTICIPATION

I hereby certify and agree that _____

(Please print: First, Middle, Last Name of Child) (hereinafter, "My Child")

has my approval to participate in the Tri My Best Adaptive Triathlon (hereinafter "the Activity") to be held on Sunday, Sept. 8, 2019 at Washington University in St. Louis.

I know the nature of the Activity and My Child's experience and capabilities and consider My Child to be qualified to participate in the Activity. However, I acknowledge that there are certain risks of physical injury or illness associated with the Activity.

In return for My Child's participation in the Activity: I fully and forever RELEASE, WAIVE, DISCHARGE, ACQUIT, INDEMNIFY, HOLD HARMLESS and COVENANT NOT TO SUE, Washington University in St. Louis, including its governing board, officers, employees, students, agents and volunteers (hereinafter collectively referred to as "Releasees") from any and all liabilities, claims, or injuries, including death, that may be sustained while participating in this activity, including but not limited to travel to, from, and for the activity, or while on premises owned or controlled by Releasees. I understand this release does not apply to injuries caused by intentional or grossly negligent conduct on the part of the Releasees. I further agree to indemnify and hold harmless Releasees for any loss, liability, claim or injury caused by me (my child) while participating in this activity including traveling to, from, and for the activity, or while on premises owned or controlled by Releasees.

I recognize that the Releasees do not assume responsibility for or liability for - including costs and attorney's fees - any accident or injury or damage resulting from any aspect of participation in the Activity. The Releasees are not liable for any special, incidental or consequential damages arising out of or in connection with any aspect of participation in the Activity.

I also give permission for My Child to receive any emergency medical treatment by a healthcare professional, including emergency medical transportation, which may be required for injuries sustained by My Child. However, I agree that the Releasees (including, but not limited to, each of the Releasees' regents, boards, agents, employees, officers or representatives) are not responsible for any medical bill incurred as a result of any personal illness or injury to My Child, even if a Releasee has signed hospital documentation promising to pay for the treatment. That medical bill is my responsibility.

I understand that by signing this document, I give up substantial rights that I or My Child would have otherwise to receive damages for any loss occasioned by Releasees' fault, and I sign it voluntarily and without inducement.

THIS IS A WAIVER OF LEGAL RIGHTS. READ AND UNDERSTAND BEFORE SIGNING.

Signature of parent/guardian

Daytime Phone (parent/guardian)

Date

Medical Insurance Company: _____

Policy Number: _____

Name of Primary Policy Holder: _____

The athlete will need to get a prescription or release form from their primary physician. You may use this form below as a prescription for physician to complete.

THIS MUST BE COMPLETED AND TURNED IN BY AUGUST 14, 2019.

Patient Name: _____

Patient Date of Birth: _____

Diagnosis: _____

The above patient is able to participate in the Tri My Best Adaptive Triathlon. I understand the patient will be swimming, cycling and walking/running with assistance as needed.

Physician Name: _____

Physician Signature: _____

Date: _____

Phone Number: _____

The prescription can be faxed to the St. Louis Children's Hospital CP Sports office, attention Mary Eckhard.

Fax number: 314-454-6035.