

**Pentathlon Ontario**  
**in collaboration with Centaurus Pony Club**  
 Invite you to the  
**Exhibition Mini Meet - Barrie**  
**SATURDAY, MAY 6<sup>TH</sup>, 2017**

| <b>Division: Female &amp; Male</b><br>(all ages as of January 1, 2017)<br>Note: Pony Club age groups will be used |   | <b>Entry Fees</b><br>Note: Pony Club Tetrathlon Scoring will be used<br>For swim, shoot & run   |         |
|---|---|---|---------|
| Adult   | 21+ years   |   |         |
| Senior  | 15-20 years   | <b>Shoot, Swim, Run</b>   | \$45.00 |
| Junior  | 13-14 years   | <b>Parent/Youth Relay</b><br>Competition will follow at the end of each phase:<br>-Two targets each<br>-50m swim each<br>-500m run each | \$20.00 |
| Green Junior  | 12-14 years<br>(first year junior or first year in competition at junior age) |   |         |
| Novice  | 9 – 11 years  |   |         |
| Novice B  | 6 - 8 years   |   |         |

| Timeframe  | Activity   | Location Details  | Description  |
|--|--|---|--|
| 9am  | <b>Registration</b><br><br><b>Shooting Event</b><br><br>Experienced shooters will be in the first line<br><br>Beginner shooters will attend a safety and orientation session | <b>Location being confirmed</b>                                   | <b>Adult, Senior, Junior, Novice &amp; Novice B</b> <ul style="list-style-type: none"> <li>• 10m pistol shooting; .177</li> <li>• 4 targets</li> <li>• 5 shots per target</li> <li>• 2 hand shooting for Novice B, Novice and Green Junior</li> <li>• Please arrange to bring your own gun or club gun if available</li> <li>• Instruction and Equipment will be provided for all participants that require</li> </ul> |
| noon   | <b>Running</b>   | <b>Location being confirmed</b>                                   | <b>Course Walk Times:</b><br>Please complete your own course inspection upon arrival<br><b>Order of Running (individual start at 1 minute intervals) starting at noon:</b><br>Sr & Jr, Adult = 2 km<br>Green Junior = 1.5km<br>Novice & Nov. B = 1 km  |
| 1:45<br><br>Participants proceed immediately after their swim to the run location for course inspection. | <b>Swimming</b><br><br>15-minute warm-up starts at 1:45pm  | <b>Allandale Recreation Centre</b><br><br>190 Bayview Dr., Barrie | <b>Order of Swim and Distances:</b><br>Sr., Jr., Adult 200 m<br>Green Junior 150m<br>Novice 100 m<br>Novice B 50 m   |
| 3:30pm   | <b>Awards &amp; Draw Prizes</b>  | <b>Allandale Recreation Centre Lobby</b>                          | Ribbons in each division<br>Medals for top athlete in each phase   |

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**ENTRY FORM**

|                                     |   |  |  |
|-------------------------------------|---|--|--|
| Competitor's Name:                  | Birth Date:<br>(day, month, year)   | Pony Club Branch (if applicable):  |  |
| Parent(s) Name(s):                  | Home Phone Number:<br>(    )  | Region:  |  |
| Address:<br>_____<br>_____<br>_____ | Cell Phone Number:<br>(    )  | Parent(s) Email:   |  |
|                                     | 1 <sup>st</sup> Time Competitor<br>Yes <input type="checkbox"/> No <input type="checkbox"/> | 2017 Pentathlon Ontario Member<br>Yes <input type="checkbox"/> No <input type="checkbox"/> | I have participated in Pistol Handling safety training<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |

|   |                                   |  |                                       |   |                                 |                                |
|---|-----------------------------------|--|---------------------------------------|---|---------------------------------|--------------------------------|
| Division Choice: Please check <u>only</u> 1 division per competitor   |                                   |  |                                       |   |                                 |                                |
| <b>Female</b>   | novice B <input type="checkbox"/> | novice <input type="checkbox"/>                | green junior <input type="checkbox"/> | junior <input type="checkbox"/>   | senior <input type="checkbox"/> | adult <input type="checkbox"/> |
| <b>Male</b>   | novice B <input type="checkbox"/> | novice <input type="checkbox"/>                | green junior <input type="checkbox"/> | junior <input type="checkbox"/>   | senior <input type="checkbox"/> | adult <input type="checkbox"/> |
| I have a time to submit for the swimming distance I will be completing Yes <input type="checkbox"/> No <input type="checkbox"/> |                                   |  |                                       |   |                                 |                                |
| <b>Distance</b> _____ <b>Time</b> _____   |                                   |  |                                       |   |                                 |                                |
| I will be using my own air pistol.<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                                  |                                   | I will be sharing an air pistol with:<br>_____ |                                       | I will need to be supplied with an air pistol<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |                                 |                                |

Fees: Please check off the payment(s) that apply, finalize the total and mail your cheque payable to **Centaurus Pony Club** to:

Hellaina Rothenburg, 12 Colleen Ave., Barrie, ON L4M 2N1

**Hard copy form with cheque is preferred. Registration Deadline: Thursday, April 27, 2016.**  
Please contact Hellaina with alternative registration requests.  
Questions? [vanroth@csolve.net](mailto:vanroth@csolve.net)

|                                  |                          |                 |
|----------------------------------|--------------------------|-----------------|
| <b>Package Deal (All events)</b> | <input type="checkbox"/> | <b>\$ 45.00</b> |
| <b>Parent/Youth Relay</b>        | <input type="checkbox"/> | <b>\$ 20.00</b> |

TOTAL: \$ \_\_\_\_\_

**PENTATHLON ONTARIO CLINIC/MINI MEET WAIVER**

**Name:** \_\_\_\_\_ **Birth Date MM/DD/YY:** \_\_\_\_\_

**Email Address :** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Waiver and Release:** *I understand that participation in any or all of the sports of pistol shooting, fencing, running, riding and swimming involves certain risks and serious dangers which are inherent to the sport and I hereby release the Pentathlon Ontario ("P.O."), Sports facilities, and their Directors, Officers, Officials, Representatives, Servants and Agents from any liability or costs arising out of or in connection with any activity of Pentathlon, including any liability due to the negligence or a breach of contract of its servants or agents in the course of my participating in the sport, or training, for a P.O. event. I further confirm that I am over the age of majority in my province, (alternatively) I understand that my parent or guardian is required to sign this Waiver before I can participate in any activity under the auspices of the Pentathlon.*

**Athlete name:** \_\_\_\_\_ **Signature** \_\_\_\_\_

*I concur that the above named minor is in good physical condition and may participate in Pentathlon clinic activities. I have read and understood the above waiver and my signature indicates agreement with both the application for participation in this sport and with the waiver. Patient/Guardian Consent: Consent is hereby given for such routine diagnostic procedures and medical treatment by an attending physician, his or her assistants or his or her designees as is necessary in his or her judgment should such care be required by either myself or the above mentioned athlete.*

**Parent/Guardian Name:** \_\_\_\_\_ **Signature** \_\_\_\_\_ **date:** \_\_\_\_\_

**PENTATHLON CANADA WAIVER**

**Covering all Modern Pentathlon Competitions, Clinics, Local, Provincial, National, International**

*I am aware that modern pentathlon involves many inherent risks, dangers and hazards, including but not limited to, the use and operation of air pistols, fencing equipment, equestrian equipment, horses and obstacles, cross-country running terrain with associated hazards, negligence on the part of event organizers, event volunteers, coaches, other athletes and spectators.*

*I freely accept and fully assume all such risks, dangers, and hazards and the possibility of personal injury, property damage or loss resulting from such risks, dangers, and hazards. In consideration of Pentathlon Canada allowing me to take part as a manager, coach or athlete in Modern Pentathlon competitions, whether they be local, provincial, national or international, (hereafter referred to as "the Competitions"), I hereby agree as follows:*

- TO ASSUME AND ACCEPT ALL RISKS, DANGERS AND HAZARDS in connection with my participation in, and/or travel to or from, the Competitions and/ or clinics;*
- TO WAIVE ANY AND ALL CLAIMS that I may have against the Pentathlon Canada, its directors, officers, employees, agents and representatives (all of whom are collectively referred to as "Pentathlon Canada");*
- TO RELEASE Pentathlon Canada from any and all liability for any loss, damage, injury or expense that I, or my next of kin, may suffer or incur as a result of my participation in, and/or travel to or from, the Competitions and/or clinics, due to any cause whatsoever, INCLUDING NEGLIGENCE ON THE PART OF Pentathlon Canada;*
- TO HOLD HARMLESS AND INDEMNIFY Pentathlon Canada from any and all liability for property damage or personal injury suffered by myself or by a third party as a result of my participation in, and/or travel to or from, the Competitions and/or clinics.*

I have read and understood this Waiver prior to signing it and am aware that by signing this document, I am accepting the terms of this Waiver and am thereby affecting the legal rights and liabilities of myself, my family, administrators and assigns in relation to Pentathlon Canada. I confirm that I am over the age of majority in my Province. (For those under the age of majority in their Province) I understand that my parent or guardian is required to sign this Waiver before I can participate in any competition under the auspices of Modern Pentathlon.

**Signature of Athlete** \_\_\_\_\_ **Print Name** \_\_\_\_\_ **date:** \_\_\_\_\_

**Signature of Parent** \_\_\_\_\_ **Print Name** \_\_\_\_\_ **date:** \_\_\_\_\_