



**2011 CWG Check Point #2 Testing/Training**

Check Point #2

July 5 - 10, 2010 - Elkwater, AB Fitness Testing, Endurance Training and Team Building  
Registrations need to be in to Bryan by **June 22, 2010**.

**Camp Details**

Accommodations

We will be staying at the YMCA - Elkwater. Link to the information page provided below.  
<http://www.ymca-medicinehat.org/images/stories/documents/elkwater-rental-brochure.pdf?phpMyAdmin=hOvZYX9HNniseYEAUdFFOrlnDm9>  
Accommodations at the YMCA - Elkwater will be covered in full for athletes participating in the camp.

Transportation

Transportation will be provided at the camp.  
Transportation to the camp will be determined once registrations are submitted.

Food & Beverage

Meals will be coordinated as a team. Skaters will be responsible for covering the costs of food.

Major Equipment

You will need a bicycle for this camp. We will be riding mostly on roads. We understand that not everyone will have a high end bicycle, you are not required to have a high end road bike. Bikes like mountain and road bikes are fine, bikes like BMX or cruisers won't do the trick. Your participation is the most important thing, bicycles can be found in the case you don't own one. More details on Major Equipment will follow.

Minor Equipment

Running shoes in good condition. Bicycle gear: Bike shorts, bike shirts, helmet, bike shoes (if you own a pair, if you don't own bike shoes then make sure your pedals have foot straps for support). Bring your heart rate monitor if you own one. We will try to accommodate those who don't own HR monitors.  
Water bottle(s), hydration packs

**Registration** (Please complete this form and additional forms and e-mail them to the SASSA Office and Bryan McSorley)

Athlete Contact

Name \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone number \_\_\_\_\_ e-mail \_\_\_\_\_

Favorite song right now, list artist and song title: \_\_\_\_\_

Parent/Guardian Contact

Name \_\_\_\_\_

Phone number 1) (H) \_\_\_\_\_ 2) (W) \_\_\_\_\_ 3) (Other) \_\_\_\_\_

e-mail \_\_\_\_\_

Please indicate if you have any food allergies, and what you are allergic to: \_\_\_\_\_

Please ensure the Athlete Code of Conduct and Medical Form is filled out and e-mailed to the SASSA Office and Bryan McSorley