

Section 2



PRE-EVENT

KOS SANCTIONING SUBMISSION

PACKAGE

Approved by the Board of Directors
December 13, 2010

Name of event: _____ Event date: _____

To be submitted to the Triathlon Manitoba office a minimum of 45 days prior to the event.

In order for Triathlon Manitoba to process your application as smoothly and rapidly as possible all information requested should be provided. Incomplete documentation will cause a delay in reviewing your sanction.

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Event Information Sheet
This form is also for use by the Head Official on race day

NAME OF EVENT: _____ DATE: _____

LOCATION: _____

RACE DIRECTOR: _____

ADDRESS: _____

PHONE :(Cell) _____ HOME: _____ WORK: _____

E-mail: _____

TYPE OF EVENTS: **(BOLD)** Duathlon, Triathlon Other: _____

AGE DIVISIONS: **(BOLD)** Tykes & Trikes, 6 & 7, 8 & 9, 10 & 11, 12 & 13, 14 & 15, Try-a-Tri

EVENT DISTANCES AND START TIMES:

	Event Name	Start Time	Swim/Run Distance	Cycle Distance	Run Distance	Participating Athletes	
						Estimate	Actual
1			KM	KM	KM		
2			KM	KM	KM		
3			KM	KM	KM		
4			KM	KM	KM		
5			KM	KM	KM		
6			KM	KM	KM		
7			KM	KM	KM		

Swim Coordinator: _____ Transition Coordinator: _____

Bike Coordinator: _____ *Cell phone # for race day: _____

Run Coordinator: _____ Cell phone # for race day: _____

Medical Director: _____ Cell phone # for race day: _____

*Cell phone #'s are only necessary in events where the individual may be out of the range of radios, or for private conversations concerning medical.

Ambulance on site: yes / no Nearest Hospital: _____ Phone #: _____

Are Police/ RCMP at major intersections: yes / no

Water temperature _____

By what methods are you publicizing your event: _____

Please indicate the primary type of timing you are using for your event along with the back up system:

Kids of Steel® Swim Course Information

(Use reverse or attach paper as necessary)

Swim Course Coordinator: _____ Phone: _____

Swim Distance: _____

Explain how swim course is to be measured and laid out on race day.

Name of Facility: _____

If in a pool, how many lap counters are provided? _____

OPEN Water swims - What do you expect the water temperature to be on race day? _____

OPEN Water swims - Describe water quality? _____

Is there an aid station provided after the swim? _____ Yes _____ No

Are swim caps provided ? ___ Yes ___ No

Number of wave starts: _____ Participants per wave: _____

Identified Hazards: _____

Buoys: Number: _____ Size _____ Spacing _____

Number and Location of certified lifeguards: _____

(Race Directors must have a copy of lifeguard certification on hand on race day.)

Number & Location of boats: _____ Number & Location of paddleboards: _____

Explain check-off system to account for all swimmers in open water swims: _____

Number, location, and type of communications systems used: _____

Number, location and type of medical staff on swim site: _____

What are the swim rescue procedures? _____

Will your race accommodate athletes with a disability? Please describe swim considerations: _____

ADDITIONAL INFORMATION

Please include any other important information or comments: _____

Open Water Swim Course Map

LEGEND FOR SYMBOL USE ON YOUR COURSE MAP BELOW

ITEM	SYMBOL	NUMBER	ITEM	SYMBOL	NUMBER
Boats	B	_____	Canoes	C	_____
Lifeboards	LB	_____	Turn Buoys	TB	_____
Swim Start	START	_____	Swim Finish	FINISH	_____
Lifeguards	L	_____	Toilets	T	_____
Medical	++	_____	Direction North	↑	_____
Radio	R	_____			

PLEASE NOTE: Maximum of 50 competitors per wave.

Swim Map must indicate:

- | | | |
|------------------------------|--------------------------------------|-------------------------------|
| ~ Start and finish area | ~Direction of swim | ~Buoy placement, size, colour |
| ~ Measurements between buoys | ~ Lifeguard and watercraft placement | ~Rescue plan location |

Kids of Steel® Transition Area
(Use reverse or attach paper as necessary)

Transition Area Coordinator: _____ Phone: _____

Surface Type: _____% Grass _____% Dirt _____ Paved _____% Other

Number of Transition volunteers: _____

Describe security arrangements: _____

How is the transition area fenced off from the spectators? _____

How many racks will be used (4 bikes per rack is optimal)? _____

How are racks labeled? _____

How is the transition area set up to prevent crossover of incoming and outgoing participants? _____

Are aid stations located at the transition area exit? _____ Yes _____ No

Will your race accommodate athletes with a disability? Please describe transition area considerations: _____

Will there be a wheelchair accessible washroom on site? _____

ADDITIONAL INFORMATION

Please include any other important information or comments.

Transition & Finish Line Map

LEGEND FOR SYMBOL USE ON YOUR COURSE MAP BELOW

(SE)	Swim Exit	(MED)	Medical Facility
(ETB)	Exit to Bike	(ANN)	Announcer/PA
(EFB)	Entrance from Bike	(ETR)	Exit to Run
(AM)	Ambulance	(FIN)	Finish Line
(T)	Toilets	(DL)	Mount / Dismount Line
(F)	Fence Lines	(T/R)	Timing Results Stations
(BR)	Bike Racks	(↑)	Direction North

*A sample basic transition layout is available in Appendix C

Map must indicate:

- | | | |
|-------------------------------------|---|----------------------------|
| ~ Dimensions of the transition area | ~Direction of swimmers, cyclists, and runners | ~Rack spacing measurements |
| ~ Signage locations | ~ Volunteer locations | ~Mount/dismount line |

Kids of Steel® Cycle Course
(Use reverse or attach paper as necessary)

Cycle Course Coordinator: _____ Phone: _____

Cycle Distance: _____

How will the course be measured? _____ Marked _____

Total number of cycle volunteers: _____

Number of aid stations on course: _____

When and where is the bike check? _____

When will roads/corners be swept? _____

Does course impact residential/business areas? _____ Yes _____ No.

If yes, how will they be notified: _____

% of course closed to traffic: _____ % open to traffic: _____

Number of lanes closed: _____ Number devoted to cyclists: _____

Vehicular traffic density: _____ Light _____ Moderate _____ Heavy _____

Are there shoulders: If yes, width _____ No: _____ Shoulders Paved: Yes _____ No _____

What kinds of signs will be posted on the course (i.e. Race in Progress, Watch for Cyclists, etc.)? _____

How are cyclists separated from vehicle traffic: _____

How are all intersections with stop signs or stoplights controlled? _____

Surface Type: _____ Paved _____ Stone _____ Gravel _____ Dirt _____ Other _____

Hazards (i.e. bridges, RR tracks, sharp turns, potholes, etc.)? _____

How are all turn-arounds, hazards, etc. monitored and marked? _____

Number of police/highway patrol: _____ Number of monitors/volunteers: _____

Is there a lead vehicle? _____ Yes _____ No What type of trail vehicle or alternative is being used? _____

Number, location, and type of communications systems used: _____

Number of draft volunteers: _____

If your race is accommodating athletes with a disability, please describe bike course considerations: _____

ADDITIONAL INFORMATION

Please include any other important information or comments: _____

Cycle Course Map

LEGEND FOR SYMBOL USE ON YOUR COURSE MAP BELOW

(SE)	Swim Exit	(MED)	Medical Facility
(ETB)	Exit to Bike	(ANN)	Announcer/PA
(EFB)	Entrance from Bike	(ETR)	Exit to Run
(AM)	Ambulance	(FIN)	Finish Line
(T)	Toilets	(DL)	Mount / Dismount Line
(F)	Fence Lines	(T/R)	Timing Results Stations
(BR)	Bike Racks	(↑)	Direction North

*A sample basic transition layout is available in Appendix C

Map must indicate:

- | | | |
|-------------------------------------|---|----------------------------|
| ~ Dimensions of the transition area | ~Direction of swimmers, cyclists, and runners | ~Rack spacing measurements |
| ~ Signage locations | ~ Volunteer locations | ~Mount/dismount line |

Kids of Steel® Run Course
(Use reverse or attach paper as necessary)

Run Course Coordinator: _____ Phone: _____

Run Distance: _____ Measured how? _____ Marked ? _____

Number of aid stations on course: _____

Traffic controls: _____ % closed to traffic _____ % open to traffic

How much of the road is devoted to runners? _____

How are runners separated from cyclists? _____

What kind of signs will be posted on course (i.e. Watch for Runners, etc.)? _____

Is there a mandatory lead/sweep cyclist or alternative vehicle? Yes ___

Does the run course parallel the cycle course? _____ Yes _____ No

Does the run course intersect the cycle course? _____ No

How are all intersections with stop signs or stoplights controlled by
police/monitors? _____

Surface Type: Paved: _____ Stone: _____ Gravel: _____ Dirt _____

Road Contour: Mountainous: _____ Hilly: _____ Flat: _____ Other: _____

Total number of police: _____ Total number of volunteers: _____

Number, location, and type of communications systems used: _____

Number of course volunteers: _____

Type of trail vehicles or alternatives: _____

If your race is accommodating athletes with a disability, please describe run course considerations: _____

ADDITIONAL INFORMATION

Please include any other important information or comments: _____

Run Course Map

LEGEND FOR SYMBOL USE ON YOUR COURSE MAP BELOW

(SE)	Swim Exit	(MED)	Medical Facility
(ETB)	Exit to Bike	(ANN)	Announcer/PA
(EFB)	Entrance from Bike	(ETR)	Exit to Run
(AM)	Ambulance	(FIN)	Finish Line
(T)	Toilets	(DL)	Mount / Dismount Line
(F)	Fence Lines	(T/R)	Timing Results Stations
(BR)	Bike Racks	(↑)	Direction North

*A sample basic transition layout is available in Appendix C

Map must indicate:

- | | | |
|-------------------------------------|---|----------------------------|
| ~ Dimensions of the transition area | ~Direction of swimmers, cyclists, and runners | ~Rack spacing measurements |
| ~ Signage locations | ~ Volunteer locations | ~Mount/dismount line |

Kids of Steel®-Map of Entire Event

Indicate locations of each event portion(s/b/r/t/finish) and key areas (such as registration, medical, results).

A large, empty rectangular box with a thick black border, intended for drawing a map of the event. The box is currently blank.

Emergency Medical Plans
(Medical requirements are listed on page 15/16)

Medical Director/Coordinator: _____ Phone: _____

Please check their qualifications : _____ Doctor _____ EMT _____ Nurse _____ Other

Who makes the final medical decisions? _____

Number of medical staff: _____ (Ratio is 1:100)

What kind of supplies are available at the medical tent? _____

At aid stations? _____

Location of race medical headquarters station: _____

Are medical staff included in the communications network? _____

Name & Number of nearest ambulance service: _____

Name of nearest hospital: _____ Phone: _____

Distance to nearest hospital: _____

Explain entrance/exit route for emergency vehicles from the race medical headquarters: _____

What are the swim rescue procedures? _____

Explain contingency plans in case of unexpected circumstances, such as bad weather, etc:

Describe policy and procedure for transportation of injured to hospitals: _____

Emergency: _____

Non-emergency: _____

ADDITIONAL INFORMATION

Please include any other important information or comments:

***** INDICATE ON THE TRANSITION MAP THE EMERGENCY VEHICLE EXIT ROUTE AND MEDICAL STATION LOCATION.**

Kids of Steel® Sanctioning Agreement

**PLEASE READ THIS AGREEMENT CAREFULLY.
YOUR SIGNATURE BELOW ACKNOWLEDGES YOUR UNDERSTANDING OF THE AGREEMENT.**

I, the undersigned, as the duly authorized race promoter/director, have read and agreed with all Management and Race Sanctioning Criteria, Safety Standards, and Competitive Rules, and agree to abide by and enforce all rules and regulations and decisions of Triathlon Manitoba/Triathlon Canada. I further understand and agree that the standards and conditions set forth by Triathlon Manitoba in this sanctioning application are minimums and that special or unusual conditions may require further precautions and actions in the interest of safety.

In consideration of receiving event sanctioning and insurance from Triathlon Manitoba, it is hereby agreed that the undersigned, the race promoters, sponsors, organizers, and any and all entities involved with the production of this event, jointly and severally agree to defend, to hold harmless, and to indemnify Triathlon Manitoba and its officers, directors and agents connected with the organization and conduct of a sanctioned event, against any and all cost, claim, legal expenses and liabilities which are connected with or arise directly or indirectly out of the preparation for or conduct of this event(s): to cooperate with Triathlon Manitoba and its agents in the event of any personal injury or other legal action(s) arising out of this event; and to keep race records and releases for four (4) years after the event and to make the same available at all times to Triathlon Manitoba. It is understood and agreed that Triathlon Manitoba makes no warranties, expressed or implied to the promoting organization of promoter, to competitors, to spectators, or to any other person or entity.

It is further agreed that I will fully uphold and comply with Triathlon Manitoba/Triathlon Canada Competitive Rules. Any requests for additions or exceptions to the competitive rules have been submitted in writing to Triathlon Manitoba. If a certified Triathlon Manitoba official is assigned to this event, I agree to cooperate with and enforce all officiating decisions made by the official. If no Triathlon Manitoba officials are provided, I will provide volunteers to enforce Triathlon Manitoba Competitive Rules.

If notified by Triathlon Manitoba at any time, I will allow drug testing at this event and will comply with all drug testing requirements set forth by Triathlon Manitoba and Triathlon Canada.

It is further agreed that:

1. All participants/parents/guardians will sign the Triathlon Manitoba Acknowledgment Waiver and Release from Liability form.
2. A copy of all packets, entry forms, results and any other information disseminated to competitors will be approved by Triathlon Manitoba.
3. A complete post-race report will be submitted to Triathlon Manitoba within 45 days after the event along with outstanding sanctioning and one day member fees.
4. I will verify the Triathlon Manitoba membership of all participants and collect all One Day member fees and waivers for those participants not having an annual membership. I will send the single event waivers and monies to Triathlon Manitoba 45 days after the event.
5. I will report all medical incidents to Triathlon Manitoba immediately following the event.
6. I will meet with officials on the event morning to review the race course and confirm the sanctioning criteria.
7. I will cooperate with officials to solve any concerns of safety or sanctioning as they may arise prior to start or during the event.
8. I have read and understood Triathlon Manitoba's Sponsorship Policy (currently under development).

I agree to the above terms and conditions, and by signing this agreement, am stating that the information in the sanction application is true.

I will report any variations in writing.

Print Name: _____

Date: _____