#### **Section 4**



# POST EVENT SANCTIONING SUBMISSION INFORMATION

Approved by the Board of Directors February 10, 2016. Updated 2022

To be submitted to the Triathlon Manitoba office within 60 days following the event.

Document can be mailed to the office at 145 Pacific Ave, Wpg R3B 2Z6, or emailed to: <a href="mailedto:triathlon.ed@sportmanitoba.ca">triathlon.ed@sportmanitoba.ca</a>.

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# TRIATHLON MANITOBA RACE FEE REMITTANCE FORM

		ON:	LOCATI		ATE:
					ACE DIRECTOR:
	POSTAL CODE:	POSTA			DDRESS:
	FAX:	F		CELL: _	HONE RES:
			_		MAIL:
ne highest number of participants in pers will be based on the posted finish race organization.	alculated using the high These total numbers atries provided by race	will be calculate amount. These the	ection of fees participation a	s exceed 200, the coll that will total the 200 try rates is still charge	<ul> <li>participant.</li> <li>When participant numbe each of the category (ies results.</li> <li>Sanction fee at regular each participant.</li> </ul>
	·			•	ANCTIONING FEE:
(A)			=	,	·
					Olympic Sprint
* *					· 5 // 11
(C)	(),) —	Λ .05			0 ' ( D ( )
(C)				V	Shrint i iliathian
(D)	.05 =	x .05			
` ,		x .05 x .05		X	Try-a-Tri
(D) (E)	.05 = .05 = .05 =	x .05 x .05 x .05		X	Try-a-Tri Try-a-Du
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POSTAL CODE:	Try-a-Tri Try-a-Du				
(D)(E)(F)(G)(H)	.05 = .05 = .05 = .05 = .05 = .05 = .05	x .05 x .05 x .05 team x .05 x .05 x .05	elay rate per	x x x x x x x x x x x x x x x x x x x	Try-a-Tri Try-a-Du
(D) (E) (F) (G) (H) (I) Total Sanction Fee	.05 = .05 = .05 = .05 = .05 .05 = .05 .05 = .05	x .05 x .05 x .05 team x .05 x .05 x .05 x .05 Add (A) throi	elay rate per	x x x x x x	Try-a-Tri Try-a-Du # of relay team 

This total due to Triathlon MB 145 Pacific Ave, Winnipeg MB R3B 2Z6 within 60 days post-event.

**Note:** Additional equipment fees and damage deposits are separate transactions to be made at time of equipment pick-up. Please refer to Section 3 Equipment Borrowing Agreement.

### Triathlon Event - Medical Incident Report (Please have a copy with you ONSITE to fill out if required)

Note: Please submit electronically to the office immediately after the event.

Event Name & Date:	Time:	Location:	
Name:	Age:	Gender:	_
Address:	Phone no:	Guardian contacted:	_
Medical history indicated on waiver:	Event day indication of symptoms or medication taken:	On-site first aid performed by:	_
		Exactly what first aid was performed:	
EMS contacted:	Police report #:	Hospital name:	
number of individuals in the gener report for further information and	ral area of the incident. State the environment	re exactly the incident occurred, where volumental conditions if they were a factor. Us	se the back of the
Any witnesses names, phone no. &	& address:		
Eallow up Did someone cell on	as to be mital if moded? Condition of	Similarida (19	
ronow-up – Did someone can or	go to hospital if needed? Condition of	individual?	
Report completed by:			

#### Race Volunteers - MUST submit to Triathlon Manitoba.

Please submit this sheet <u>or a similar file</u> electronically after the race with your sanctioning fees. This information is <u>required</u> for reporting demographics annually to Sport Manitoba and for insurance coverage (liability).

me of Race: VOLUNTEER NAME	CITY/TOWN OF RESIDENCE	VOLUNTEER ROLE (Check One)	
		Timing	General Volunteer