

2019 Sado Long Distance International Triathlon Application Form

I understand and agree to the pledge and apply for the race as follows.

©Put a check mark (✓) in the box of your desired race type.

Race type	<input type="checkbox"/> Sado Long Distance International Triathlon Type A <input type="checkbox"/> Sado Long Distance International Triathlon Type B
Nationality	* Please write your nationality if you are not Japanese.

*The personal information stated herein will be used only for sending information or making contact from this race office or the entry desk.

Name		Date of birth	Gender	Blood type
		Age as of the race day 31-Dec-19:	Male· Female	A / B / O / AB RH(+ / -)
Residence address	Postal code [-]			
Contact Phone	<input type="checkbox"/> Home <input type="checkbox"/> Mobile Phone No.	E-mail	@	
Emergency contact	Name *Family/Friend who is not the race participant	Phone No.	Shirt Size	S / M / L / XL
To be filled out by a parent or legal guardian	* The parent or legal guardian of a minor need to put the name in print and the stamp (or signature) for agreement. Name: _____ (Stamp/signature)			

Race result	Race name: _____ Race day: _____ Time: h m s Place: _____			
Race experience	Triathlon experience: _____ years (Number of times—Long distance: _____ times, Sprint/Standard distance: _____ times)·			
Comment (Self-introduction, expectation on the race, etc.)	*The race MC may read your comment on the race day.			

Health Survey Form

(Common to each type of Sado International Triathlon and Japan Championship)

Please tell us about your health condition. It is necessary to provide the following information to the medical and rescue team of the race committee in case you are injured or fall ill during the race. Please make sure that all the information is correct and true.

You may be asked to submit the medical examination report or load electrocardiogram separately depending on your health condition.

Ruby		Date of birth	Gender	Blood type
Name		Age as of the race day 31-Dec-19:	Male· Female	A / B / O / AB RH(+ / -)

① Are you under diagnose, inspection or treatment (medication, hospitalization, operation) of illness or injury by doctors? Detail:	[Yes / No]
② Have you had a serious disease? ⇒ Name of disease _____ When _____	[Yes / No]
③ Do you have preexisting or allergic disorder? (If yes, please state the details. Especially if you are allergic to some food, please state them clearly.) Detail:	[Yes / No]
④ Do you take any medicine now? (If yes, please state the name, type and the effectiveness of the medicine.) Detail:	[Yes / No]
⑤ Do you have any difficulty with hearing, viewing and/or speaking? (If you have difficulty with hearing, do you need a sign language interpreter?) Detail:	[Yes / No]
* Please write any warning or caution your doctor has told you if there is any. Please add another sheet if the space is not enough.	

* You may be asked about your health condition separately as needed.

■ Please confirm the documents to be submitted.

Entry application form Health survey sheet Copy of record/certificate

* The entry fee for students does not apply unless the copy of the student ID is submitted.