

## Clinic Director: Christopher Bright

Chris believes that participation in multisport facilitates the pursuit of a healthy lifestyle, characterized by a sense of achievement and personal satisfaction. Additionally, Chris endorses a fun, supportive, and collaborative learning environment that fosters an improvement in self-confidence and is the direct result of setting and achieving goals, and understands the challenges associated with finding time to train amidst a busy and demanding daily schedule. A former member of the US Long Course team, Bright is one of the top masters triathletes in the region. He has tallied numerous age group wins and top three finishes and has experience racing from sprint to ironman distances. Additionally, he is a decorated wrestling and cross country coach at the high school level. He currently works and lives at Peddie School in Hightstown, NJ.

## Clinic Swim Coach: Greg Wriede

Coach Wriede has been the head of the Peddie boys and girls swim programs for the past eight years. During his tenure, Peddie has continued to be recognized as one of the top high school swim programs in the nation. Under his tutelage, Peddie has won four Easterns Interscholastic Championships and his girls team finished the 2007 season ranked 5th in the country. He has coached over 50 NCAA Division One swimmers, 60 all-Americans, US Open, Junior National, US National, and Olympic Trials qualifiers. His swimmers have rewritten the New Jersey State record book over 50 times. Wriede was selected as a coach for the USA National Select Camp at the USA Olympic Training Center in Colorado Springs in 2009. Before entering the coaching ranks, Coach Wriede was a highly accomplished swimmer at Harvard University and was a member of the United States National Team.

## Clinic Coach: Tristram Wood

Tris Wood has been competing in triathlons throughout the northeast since 1991. A USAT Level 1 coach, Tris brings an eclectic background in coaching psychology and philosophy, having coached such activities as ice and rock climbing, waterskiing, alpine ski racing, telemark skiing, sailing, and whitewater rafting. He has coached teams from the college level in lacrosse to the youth level in soccer, lacrosse, and basketball. An avid cyclist and former mountain bike and ski racer, Tris works and lives at Peddie School.

### Sample Schedule:

#### Saturday

9AM Welcome and initial goal setting exercise  
 10AM Run Session 1- dynamic warm-up, running drills, 30 minute run, video, running analysis  
 12 PM Lunch- Fuel for Exercise  
 1 PM Swim session: Drill and video work  
 5 PM Dinner: Fuel for Recovery  
 6 PM Training and racing panel: training strategies, racing strategies

#### Sunday

9 AM Bike session: bike handling, riding safely, position critique, 1 hour ride  
 12 PM Lunch  
 1PM Transition – the 4th event of triathlon  
 3 PM Swim and Run video analysis  
 5 PM Closing comments

## Registration

Participant's Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_



### T-Shirt Size (Circle One)

Mens/Womens XS S M L XL 2XL

**Session: April 17th and 18th, 2010**

**Cost: \$350**

Includes USAT liscence to participate in Triathlon events

I give permission for Stroke, Spin, and Stride Triathlon Clinic to use photography of me for publications and promotions. In all cases, Stroke, Spin, and Stride Triathlon Clinic does not use the names or addresses of participants when using their photos.

Signature	Date

**Participants will not be allowed to participate without a completed health form.**

## Health Form:

If the participant should be restricted from any activity, please note:

\_\_\_\_\_  
 \_\_\_\_\_

If the participant will be taking medication during camp, please indicate name of drug and dosage: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Please identify any medical conditions that would require special attention: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Immunizations DATES REQUIRED	Allergies (yes/no)	Drug reactions (yes/no)
Tetanus Toxoid _____	Hay Fever _____	sulpha _____
Polio Vaccine _____	Asthma _____	Penicillin _____
Tuberculan Test _____	Eczema _____	Antibiotics _____
Measles _____	Insect Bites _____	Other _____
Rubella _____	Other _____	

### Emergency Contact Information

Name: \_\_\_\_\_  
 Phone: (\_\_\_\_\_) \_\_\_\_\_

### Agreement to Participate/Permission to Treat

I, \_\_\_\_\_, realize that triathlon clinic is a vigorous physical activity, which involves running, jumping, swimming and cycling. I understand that participation in triathlon clinic involves certain inherent risks that regardless of precautions taken by Stroke, Spin, and Stride Clinic or the participants, serious injuries may occur. I UNDERSTAND THERE IS A RISK OF **SERIOUS INJURY** AS A RESULT OF CLINIC ACTIVITIES, AND KNOWINGLY AND VOLUNTARILY ASSUME ALL RISK OF SUCH INJURY. I will be financially responsible for any medical attention needed during camp.

I confirm that I have seen a licensed physician and am physically able to participate in clinic activities.

I give permission to receive emergency medical or surgical treatment and hospitalization if necessary. I understand that every attempt will be made to contact the named emergency contact person, before this action is taken.

Signature	Date





## SPECIAL FEATURES!

- \* SWIM AND RUN VIDEO ANALYSIS
- \* PREMIER POOL AND TRACK FACILITIES ON SITE!
- \* RUN AND BIKE TRAINING ON SAFE, SCENIC ROADS AND TRAILS
- \* FOOD INCLUDED
- \* RESERVED SLOT (ENTRY FEE REQ.) FOR CGI'S NJ STATE TRIATHLON AND CGI'S WOMEN'S TRIATHLON FOR THE FIRST 10 CLINIC ENTRANTS
- \*USAT CERTIFIED COACHING
- \*VENDORS ON SITE
- \*GREAT SCHWAG AND COOL T-SHIRT!

- \* TRAINING PLANS AVAILABLE TO ALL CLINIC ATTENDEES (EXTRA COST)
- \* PERSONALIZED COACHING PLANS AVAILABLE (EXTRA COST)

- \* Complete Registration
- \* Complete Health Form
- \* Include full payment (Non-refundable after 3/15/10)
- \* Checks made payable to **Peddie School**
- \* For more information, call: (609) 651-2365

Mail to:  
 Stroke, Spin, and Stride Triathlon Clinic  
 Peddie School  
 201 South Main Street  
 Hightstown, NJ 08520



**Register Early! Limited to 20 participants!**

STROKE, SPIN, AND STRIDE TRIATHLON CLINIC  
 Peddie School  
 PO Box A  
 Hightstown, NJ 08520



## AT PEDDIE SCHOOL

Designed for beginner to intermediate athletes competing in their first race or aiming for a personal best performance



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## STROKE, SPIN AND STRIDE TRIATHLON CLINIC

**APRIL 17 - 18, 2010**

