

## Youth Summer Cycling Program 2018



### **Summer Youth Program**

July – August

6:30-8:30 pm

Tuesday / Thursday

Ages: U13, U15, U17

- Build on skills and fitness gained from KOM
  - Prepare for Manitoba Games 2020
  - Locations around Manitoba
  - Learn from experienced coaches
  - Cost \$300
  - MCA license" Required
- Contact  
Jayson Gillespie  
cycling.coach@sportmanitoba.ca

**Who:** U13 / U 15 / U 17 athletes (Age 11 to 16 as of Dec 31,2018)

**Schedule:** Tuesday and Thursday nights: 6:30pm to 8:30pm\*

**Cost:** Full Program - \$300.00; drop-in per session \$20  
➤ A MCA Kids of Mud or UCI/U17 license is required to participate

**Coaching:**

- KOM coaches from various KOM clubs
- Provincial Program Performance Program athletes
- Guest coaches throughout program

**Building:**

- Continuation of MCA's KOM program
- Build on skills and fitness gained from KOM
- Develop endurance, strength and skills
- Learn from experienced coaches
- Prepare for Manitoba Games 2020
- Race preparation and Competition strategies

**Tentative Schedule: (Tuesday and Thursday 6:30-8:30pm)**

- July: 3,5,10,12,17,19,24,26,31
- August: 2,7, 9,14,16,21,23,28,30

**Location (TBA):** will be emailed to group each week and will include locations in Winnipeg and surrounding areas. Start times will be adjusted for locations outside the city when needed.



## Registration Form

Athlete Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age of Dec 31<sup>st</sup> 2018: \_\_\_\_\_

MCA License Number: MB \_\_\_\_\_

Parent

Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Postal Code \_\_\_\_\_

Phone: (H) \_\_\_\_\_

(W) \_\_\_\_\_

(C) \_\_\_\_\_

Email Address: \_\_\_\_\_

Fees enclosed: \$300 - Full Time (All 18 sessions): \_\_\_\_\_

\$150 - Half Time (9 sessions / 1x per week): \_\_\_\_\_

\$20 – per session / Drop in

Registration at first night (July 3 2018)



**MANITOBA  
CYCLING  
ASSOCIATION**

## **MEDICAL INFO & EMERGENCY CONTACT FORM**

Athlete Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Alternate Phone #: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Prov: \_\_\_\_\_ Manitoba Health: Reg. # \_\_\_\_\_

Personal ID # \_\_\_\_\_

Allergies / Medications: \_\_\_\_\_

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*IN CASE OF AN EMERGENCY PLEASE CONTACT:*

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