



2017 KIDZ TRIATHLON



For: *Girls and Boys*

Junior Division : Ages 6-10

Senior Division : Ages 11-14

Elite Senior Division : Ages 15-18

Team Relay in each division

Saturday, April 22, 2017 :**When**

San Angelo YMCA :**Where**

353 S Randolph St

San Angelo, TX 76903

\$10.00 Pre-Registration :**Cost**

\$15.00 Day of Event

Start Times:

8:30 am Junior Division

(swim 100 yd., bike 2 mi., run 1/2 mi.)

9:45 am Senior Division

(swim 200yds., bike 4 mi., run 1 mi.)

11:00 am Elite Senior Division

(swim 400 yds., bike 7 mi., run 2 mi.)

Team Relay

Relay with each division starts at same time

Feb. 1st to April 18th :**Pre-Registration**

After April 18th, registration will not be taken until the day of event.



Registration: February 1st to April 18th. (Must register during this time to receive a t-shirt)

After April 18th, registration will not be taken until the day of event.

Refund Policy: Refund will be given only up to the day before the event for cancellations.

Helmets must be worn during the bike segment of the even for all participants

Parents may run & ride along side of their kids

For more information, contact Stacy Duffell or Brittney Smith at (325)655-9106 or sduffell@ymcasanangelo.org

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REGISTRATION FORM

Name: _____ Gender _____

Age: _____ Date of Birth: _____ School: _____

Address: _____ Zip: _____

Division: Elite Senior _____ Senior _____ Junior _____

Race Category: Individual Competitor _____ Team Relay _____

If Relay, please list other two team members:

*T Shirt Size: Circle One

Youth: S M L Adult: S M L XL

Primary Contact Name: _____

Cell Phone Number: _____ Cell Phone Carrier: _____

E-mail: _____

Alternate Contact Name: _____

Phone Number: _____ Relation: _____

YMCA Mission: The mission of the San Angelo YMCA is to serve the people on the community of all faiths and ages, with emphasis on families and youth, to permit them to achieve their God given potential in mind, body, and spirit, through its programs, staff, facilities and the community.

Waiver: I hereby for myself and my agents, waive and release any and all rights and claims which may have of which may accrue against the YMCA of San Angelo, and it's respective officers, agent, sponsors, or any employees for any injury which may be suffered in connection with my child's participation in the program. I hereby acknowledge that the program provides no insurance coverage and my own insurance will be used I the case of an accident. By signing below, I am also giving my permission for my child's picture or likeness to be used for promotional purposes of the YMCA Sports Department.

Parent Signature: _____

Date: _____

You may mail registration to: YMCA San Angelo
353 S Randolph St
San Angelo, TX 76903