



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# TRI TOGETHER

## 1<sup>st</sup> Annual Family Triathlon

“A Family That TRI’S Together, Win’s Together”

Challenge your family to work together to complete one of the most demanding events in sports. Complete each leg as a family to complete the race as a family.

### Race Information

Saturday, September 7<sup>th</sup>

Beginners race begins at 8:30am. Family must be checked-in 30 minutes before race time. Race day packet and specifics will be sent via email prior to event day. Racers will participate each leg of the race together as a family, crossing the finish line together.

### Race Divisions

Beginner: swim 50 yds., bike 1 mile, run ½ mile

Intermediate: swim 100 yds., bike 2 miles, run 1 mile

Advanced: swim 200 yds., bike 4 miles, run 2 miles

### Registration & Cost

**Now – September 5, 2019**

Members: \$3/family member

Non-Members: \$5/family member

\*Maximum of 4 members per team

### Required Equipment

- Swimsuit
- Bike and helmet
- Running shoes



For more information please contact  
Stacy Duffell at (325) 655-9106 or  
via email at [sduffell@ymcasanangelo.org](mailto:sduffell@ymcasanangelo.org)

# FAMILY TRIATHLON

## 2019 Registration Form

**Primary Family Member:** \_\_\_\_\_

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

**DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Cell Phone Number:** \_\_\_\_\_ **Cell Phone Carrier:** \_\_\_\_\_

**Primary Contact Email:** \_\_\_\_\_

### Division

**Beginner** \_\_\_\_\_ **Intermediate** \_\_\_\_\_ **Advanced** \_\_\_\_\_

**Please list OTHER family members & ages below. IF THERE ARE ANY CHILDREN PARTICIPATING THAT YOU ARE NOT A LEGAL GUARDIAN OF, A RELEASE MUST BE SIGNED BY THE LEGAL GUARDIAN BEFORE PARTICIPATING. PLEASE INDICATE BELOW.**

- |                 |                  |                       |
|-----------------|------------------|-----------------------|
| <b>1.</b> _____ | <b>Age</b> _____ | <b>Guardian</b> _____ |
| <b>2.</b> _____ | <b>Age</b> _____ | <b>Guardian</b> _____ |
| <b>3.</b> _____ | <b>Age</b> _____ | <b>Guardian</b> _____ |

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 accrue against the YMCA of San Angelo, and its 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 in the case of an accident. By signing below, I am also giving permission for my child's picture or likeness to be used for promotional purposes of the San Angelo YMCA.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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