

TRI-AT-THE-Y®

Divisions: Ages 12 and up. There will be age groupings for every 5 years. Male and Female.

Entries may be transferred. No refunds due to weather or acts of nature. Chip timed event.

Pre-Registration by Mail Only

Checks made payable and mailed to:

YMCA of Southern Indiana
c/o Julie Callaway
Sr. Wellness Director
33 State Street
New Albany, IN 47150

HELPFUL HINTS:

- Parking in the far east lot at the YMCA
- Wear your swim suit under your gear for the transition to the swim
- Leave your bike in a low gear so that you can get a fast and easy start
- Stay to the right; pass on the left
- Walk through the transition areas
- Please arrive early to get familiar with transition locations



33 State Street, New Albany, IN 47150
(812) 283-9622 • www.ymcasi.org

Super Sprint TRIATHLON at the Floyd County YMCA SATURDAY, MARCH 27TH AT 10:00 A.M.

All proceeds benefit the Strong Kids Campaign of the YMCA of Southern Indiana.

WHAT:

Winter format, Super Sprint Triathlon (Bike 8 mi., Run 2 mi., Swim 300 Yards)



WHERE:

Floyd County YMCA, 33 State Street, New Albany, IN

WHEN:

Saturday, March 27, 2010 1st Bike Wave @ 10:00 a.m.

Contact: Julie Callaway at (812) 283-9622, ext. 220 or jcallaway@ymcasi.org

Packet Pick-up & Late Registration: Saturday, March 27th at Floyd County YMCA beginning at 8:00 a.m.

Mandatory: Pre-Race Meeting at 9:30 a.m. in Bike Transition Area

Transition Area located at the Basketball Court on the south side of the floodwall. Bikes must be racked in the transition area by 9:30 am. All participants are required to wear an ANSI approved helmet to race. Bring your helmet to the Body Marking Station (Multi-purpose room).

OFFICIAL 2010 TRIATHLON ENTRY FORM

Early Registration before **March 1, 2010:**

\$25 for YMCA members

\$35 for Non-members

After March 1st (not guaranteed a T-shirt):

\$35 for YMCA members

\$45 for non-members

Name: _____ Y Member: Y N Shirt size: Adult S M L XL XXL

Age (as of 12/31/09): _____ D.O.B. _____ Gender: _____ Volunteer (get t-shirt): Y N

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Cell: _____ Email: _____

Emergency Contact: _____ Phone: _____

WAIVER: I have read the YMCA Triathlon entry form completely and understand the policies of the event. I know that participating in a triathlon is a particularly hazardous activity. I should not participate unless I am medically able. I understand the nature of, and assume all risks associated with, my voluntary participation in these events, including, but not limited to, falls, contact with other participants, the effects of weather, including extreme temperature and precipitation, and traffic. Knowing these facts, I for myself, heirs, executors, administrators, or anyone else who might claim on my behalf, covenant not to sue and WAIVE, RELEASE, AND DISCHARGE the YMCA and all sponsors affiliated with the YMCA workers or volunteers, their representatives or successors for ANY and ALL claims of liability whether seen or unseen, for death, personal injury, or property damage arising out of, or in the course of my participation in the event. I further grant full permission to the YMCA and/or agents authorized by the YMCA to use my photograph, video tapes, motion picture or other record of the event for any reasonable purpose.

By signing, I agree to the above waiver for me, and/or my dependants:

Name

Date

