

DO MORE, BE MORE

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 and online at ymcasi.org.

If registering by mail, please make checks payable to:

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

HELPFUL HINTS:

- Park 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



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SUPER SPRINT TRIATHLON AT THE FLOYD COUNTY YMCA SUNDAY, APRIL 22ND AT 10:00 a.m. ALL PROCEEDS BENEFIT THE ANNUAL GIVING 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:

Sunday, April 22, 2012 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: Sunday, April 22 at Floyd County YMCA from 8:00 a.m. to 9:00 a.m.

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

Transition Area located at the parking lot on the south side of the floodwall. Bikes must be racked in the transition area by 9:30 a.m. All participants are required to wear an ANSI or CPSC approved helmet to race.

OFFICIAL 2012 TRIATHLON ENTRY FORM

Early Registration before **March 25, 2012:**

\$30 for YMCA members

\$40 for Non-members

After March 25th (not guaranteed a shirt):

\$40 for YMCA members

\$50 for Non-members

Name: _____

Y Member: Y N

Shirt size: Adult S M L XL XXL

Age (as of 12/31/12): _____ D.O.B. _____

Gender: _____

Volunteer (get 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