

Vincennes
YMCA



Good Samaritan
Hospital



Vincennes Parks
and Recreation



2009 Kids Triathlon

KIDS TRIATHLON AUGUST 8, 2009

HELMETS REQUIRED!

Date: Saturday, August 8 2009

Where: Gregg Park

Register by July 31, 2009

• **Times (Eastern):**

Registration: 7 a.m.

Race Starts: 8 a.m.

• **Fees:**

\$20 per child

\$15 each additional sibling

• **Ages:** 3—15 years old

Course Information:

Family (Ages 3 and up):

- 50m swim, 1/2 mile bike, 1/4 mile run
- Parent/guardian participation required
- This race is not timed

Sprint Kids:

- 100m swim, ≈ 2 mile bike, 1 mile run

Iron Kids:

- 200m swim, ≈ 4 mile bike, 1.5 mile run
- Bicycle leaves Gregg Park

Benefits YMCA

Youth Programs

**Family, Friends, Fitness & Fun
T-Shirts and Medals for all participants**

Practice Sessions:

Wednesday, July 22: 6:30 PM YMCA

Saturday, July 25: 9AM Gregg Park

Wednesday, July 29: 6:30 PM YMCA

Saturday, August 1: 9AM Gregg Park

For Information, Contact:

Bill Davis or Tiffany Petts

812.895.9622 or

www.vincennesymca.org

To Register:

- Stop by the YMCA Front Desk
- Mail form & payment: Vincennes YMCA
2010 College Ave
Vincennes, IN 47591
- Register Online: www.vincennesymca.org
Call 895-9622 with shirt size

Name _____

Address _____

T-shirt Size: AS AM AL
YS YM YL

Sex _____ Birthdate (MM/DD/YY) _____

Phone _____

Waiver: In consideration of my participation in the activities of the Vincennes YMCA, I do hereby agree to hold free from any and all liability the Vincennes YMCA and all parties involved in the Healthy Kids Day event, do hereby for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages or injuries which I may have or which may hereafter accrue to me arising out of or connect with my participation in any of the activities of the Vincennes YMCA. I hereby do declare myself or my child to be physically sound to participate in this event.

E-mail _____

Age Division _____

Age on Race Day _____

Signature _____ Date _____

Signature of parent or guardian. _____ Date _____

Emergency Contact _____ Phone _____