

Registration Form

PARTICIPANT INFORMATION:

Child's Name: _____
 Street Address: _____
 City, State, Zip: _____

Phone: _____

Gender: M F

Age on Birthday: _____ June 24th: _____

Email Address: _____

School: _____

Age Group (Please Circle One):
 Boys 8/9 10/11 12/13 14/15

Girls 8/9 10/11 12/13 14/15

T-Shirt Size (Please circle one):
 Youth M (12-14) Adult SM
 Youth L (14-16) Adult MED
 Adult LRG

June 24, 2017 @ 9:00am
 Entry Fee—\$25.00 member/\$35.00 non-member
 Make checks payable to:
 Spring Lake Community Fitness & Aquatic Center
 Mail to or drop off at:
 Spring Lake Community Fitness & Aquatic Center
 16140 148th Ave
 Spring Lake, MI 49456
 Or call us at (616) 847-5858 to order by charge.
 Entry must be received by June 16, 2017
ALL REGISTRATION FEES ARE NON-REFUNDABLE

PLEASE COMPLETE WAIVER AND RELEASE ON THE REVERSE SIDE OF REGISTRATION FORM. WAIVER AND RELEASE MUST BE SIGNED IN ORDER FOR REGISTRATION TO BE VALID.

SPONSORS



SPRING LAKE KIDS TRIATHLON



Saturday, June 24

9:00 am

For Kids Ages 8-15

Show 'em all you got!

REQUIREMENTS

- Bikes must be 2 wheeled, self-propelled and in good working order.
- A bike helmet must be worn by each participant.

RACE PARTICIPATION

- **Free Triathlon clinics** will be held at the Spring Lake Community Fitness and Aquatic Center on the following dates:
- June 10th 9:00am

All clinics will be about an hour long and will cover training tips, transitions, the course, what to expect in a triathlon, and a question and answer session.

PACKET PICK UP/RACE DAY CHECK IN

Packet pick-up will be on race day. A **mandatory** pre-race meeting will be held at 8:30am on race day. In addition, bikes must be staged before the pre-race meeting.

THE COURSE

The course will be monitored by volunteers. The swim portion of the triathlon is in the competition pool in the SLCFAC. The bike and run courses will be within the grounds of the Spring Lake High School and partially on the bike path on Leonard Rd.

THE RACE

Participants will start in waves of 12 every 5 minutes during the swim portion of the competition. The clock runs continuously throughout the race, including the time of change between events.

POST RACE ACTIVITIES

Each child will receive an award for participating. The top 3 male and female finishers in each age group will receive additional awards. Top three overall finishers will also receive awards. We will also provide refreshments after the race.

June 24, 2017 @ 9:00am

Entry Fee—\$25.00 member / \$35.00 non-member

Pay by cash, check or credit card.

Make checks payable to:

Spring Lake Community Fitness & Aquatic Center

Mail or drop of entries here at:

Spring Lake Community Fitness & Aquatic Center

16140 148th Ave

Spring Lake, MI 49456

Or

Register over the phone at (616) 847-5858

Entry must be received by June 16, 2017

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DISTANCES FOR THE RACE:

**Pool: (8-11 yrs) 100 yards/
(12-15 yrs) 200 yard**

**Bike: (8-11 yrs) 2.5 miles/
(12-15 yrs) 5 miles**

**Run: (8-11 yrs) 1 miles/
(12-15 yrs) 2 miles**

WAIVER AND RELEASE OF ALL CLAIMS FOR PARTICIPANTS

Please read this form carefully and be aware that in registering your child for this program you will be waiving and releasing all claims for injuries your child might sustain during the triathlon.

RELEASE

As the parent/guardian of a participant in this program, I recognize and acknowledge that there are certain risks of physical injury as a result of my child's participation in this activity. By my signature below, I hereby consent to my child's participation in any and all activities associated with this program, and acknowledge and agree as follows:

- To assume the full risk of any injuries, including death, damages, or loss which a participant may sustain;
- To waive and relinquish all claims that I or the participant may have against Spring Lake Township, the Spring Lake Community Fitness and Aquatic Centers, Spring Lake Public Schools, or any related or associated entities or employees as a result of my child's participation in this program;
- To indemnify and hold harmless and defend Spring Lake Township, the Spring Lake Community Fitness and Aquatic Center or any related or associated entities or employees from any or all claims as a result of my child's participation in this program, and furthermore,
- I do hereby release and discharge the Spring Lake Township, the Spring Lake Community Fitness and Aquatic Center, or any related or associated entities or employees from any and all claims from injuries, including death, damage, or loss sustained as a result of my child's participation in this program.

I have read and fully understand the above Release form.

Date

Parent/Guardian Signature