

REGISTRATION FORM

SPONSORS

PARTICIPANT INFORMATION:

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Gender: M F

Birth date: _____ Age on
June 30th: _____

Email: _____

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

Entry fee:

Member= \$25
Non-member= \$30

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

Online registration also available at
<https://www.signmeup.com/125545>

Entries must be received by June 22, 2017.

ALL REGISTRATION FEES ARE NON-REFUNDABLE



Saturday, June 30

9:00 am

For Kids Ages 8-15

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.

REQUIREMENTS:

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

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.

TRIATHLON TRAINING:

Training for the triathlon will be available twice a week for 4 weeks beginning May 29. There will be focus on both land and water techniques to prepare for the triathlon.

The training will end with the opportunity to do a mock triathlon the Tuesday, June 26. Please see flyer and registration form at the SLCFAC front desk for more information.

TRIATHLON TRAINING PRICE:

MEMBERS= \$40

NON-MEMBERS= \$55

*PRICE IS FOR TRAINING ONLY.

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.

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.

DISTANCES FOR THE RACE:

8-11 YRS:

Pool: 100 yards

Bike: 2.5 miles

Run: 1 miles

12-15 YRS:

Pool: 200 yards

Bike: 5 miles

Run: 2 miles

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. Refreshments will be provided after the race.

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, I 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