

# 2008 YMCA

## Youth Triathlon

### Swim, Bike & Run!!!



### YMCA Youth Triathlon:

**Who:** Age Divisions Include:

6—7 years old

8—10 years old

11—13 years old

14—15 years old

**What:** Youth Triathlon

**When:** Saturday, August 9th. The 1st race will start at 8:00am, the 2nd at 8:30am with heats every 15 minutes thereafter.

**Where:** Forest Park, Brazil IN



### Important Information and Program Policies

**Refunds:** Full refunds will be granted if the YMCA cancels the triathlon. Otherwise a request for a refund must be made in writing before race shirts are ordered. A \$5 fee will be assessed for processing of all refunds. Refunds can be made as a system of credit good towards YMCA memberships, other programs or in the form of a check. Checks will take up to 10 days to process.

### Race Agenda

The order of the triathlon will be as followed:

Swim (except for 6—7 year olds; they will do a sack race)

Bike (provided race numbers must be worn)

Run (provided race numbers must be worn)

\* Each age groups distances will be different.

**Swim:** A swimmer may use any stroke to propel them through the water, and may tread water or float. A participant may stand on the bottom or rest by holding an inanimate object such as a rope, floating object or the side of the pool. Swimmers may wear, but are not required to wear swim goggles or face masks. Any swimmer wearing any artificial propulsion device, including but not limited to fins, gloves, paddles or floating devices of any kind shall be disqualified.

**Bike: Every participant must supply their own bicycle.** An ANSI approved helmet must be worn and chin straps secured at all times the participant is astride the bicycle. All bicycles must be in safe working order. Riders must follow traffic laws. Pass to the left of riders being overtaken and then return to the right side of the track. When passing, please call out "on your left" to let the person in front of you know you are there. Riders must ride the full course. It is the parent's responsibility to see that bikes and helmets are in good working order. There will be no bike checks on race day. Riding closely behind another bike and therefore using them as a windbreak is prohibited.

**Run:** Participants must have their assigned race number on the front of them when crossing the finish line. A participant must run or walk the entire portion of the run course. Except for reason of safety and when no advantage is gained, all runners shall follow and remain within the prescribed course. A participant who gains forward progress by going off course shall be disqualified. The responsibility of knowing and following the prescribed course rests with each participant. A participant may carry a water bottle (not glass) on the run portion of the course.

**Outside Assistance:** Parents cannot assist children during any portion of the event. Trained volunteers will be stationed throughout the course to lend any assistance to insure participant safety and well-being. Parents are encouraged to stand in the designated areas to cheer on their child(ren).

**Sportsmanship:** Infraction by participants or parents of any of the rules or exhibition of unsportsmanlike conduct will result in disqualification. This includes, but is not limited to the use of profanity or rudeness before, during or after the race.

## YMCA OF CLAY COUNTY

225 E. Kruzan

Brazil, IN 47834

## Detach this portion for your records

### Who: Age Divisions and Distances Include:

- Ages 6—7 years old
- 50 yard sack race, 1/2 mile bike, 1/2 mile run
- Ages 8—10 years old
- 25 yard swim, 1 mile bike, 1/2 mile run
- Ages 11—13 years old
- 50 yard swim, 2 mile bike, 1 mile run
- Ages 14—15 years old
- 100 yard swim, 3 mile bike, 1.5 mile run

**What:** Annual YMCA Youth Triathlon

**When:** Saturday, August 9th. Start times are:

- 8:00am—Ages 14—15 years old
- 8:30am—Ages 11—13 years old
- 8:45am—Ages 8—10 years old
- 9:00am—Ages 6—7 years old

**Where: Forest Park.** Please enter the park from the St. Rd 59 entrance next to the baseball fields. The check-in table will be set up in the pavillion just east of the St Rd 59 entrance to the park.

### **Registration:**

Now—August 3rd

Late Registration will be from Aug. 4th - Aug. 9th

Individuals may register the day of the event

**Pre-Race Check-in:** ALL YMCA Youth Triathlon

Participants **MUST** be checked in at the Registration Table by no later than 7:30am on event date. Check-in will run from 6:30am—7:30am. It is strongly recommended that the 11—13 year olds and 14—15 year old age groups be at the registration tables ready to check-in at 6:30am to ensure that you have been checked-in and have had a chance to set-up your bike before the 8:00am start time. **Also, we will be holding a Pre-Race**

**Check-in on Friday, August 8th from 6:00pm—7:00pm at Forest Park. The check-in table will be set up in the pavillion just east of the St Rd 59 entrance to the park.**

### **Cost:**

YMCA Members—\$10 per participant

Non-Members—\$15 per participant

Late Registration YMCA Members—\$15 per participant

Late Registration Non-Members—\$20 per participant

**Awards:** ALL participants will receive a YMCA Youth

Triathlon t-shirt at check-in on race day and a medal at the completion of the race.

**Proceeds:** Proceeds from the race will go towards the YMCA Strong Kids Campaign. This campaign raises money for our Scholarship Fund, which allows underprivileged children to participate in YMCA programs.

**Volunteers:** We need your help!!! Please volunteer to monitor a portion of the race. We need bike route and run route marshals!!!

**For More Information:** Call Deb Plummer or Nicole Smiley at the YMCA (812)442-6761 or e-mail us at sports@claycountnymca.org

# 2008 YMCA Youth Triathlon Registration Form

Child's Name: \_\_\_\_\_ Birth Date / / \_\_\_\_\_ Age on race day: \_\_\_\_\_ Sex M F

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # ( ) \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Parent/Guardian E-mail Address: \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Would your family participate in a post event pool party? Yes No How many would attend? \_\_\_\_\_

T-shirt Size: Order one size larger than normal

**Youth Sizes** S (6-8) M (10-12) L (14-16)

**Adult Sizes** Small Medium Large Extra Large

I am willing to participate as a volunteer in support of this event as a: (Circle one or more)

Course Monitor Finish Line Workers Registration Worker Water Station

I recommend that you contact the following person /business for possible **sponsorship** for my child's participation:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

### PARENT AUTHORIZATION

I hereby certify that my child is in normal health and capable of safe participation in the YMCA Youth Triathlon My child has permission to engage in all prescribed activities. I assume all risks and hazards incidental to the conduct of this event and transportation to and from the triathlon. In the event I cannot be reached in an emergency, I hereby give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, or to order injection for my child. I understand that I am responsible for all medical expenses incurred by my child, and will not hold the YMCA of Clay County or Forest Park liable. I also give permission for my child's picture or video image to be used in YMCA program related brochures, flyers or posters. I support the YMCA Youth Sports Philosophy which is based on participation, fun, physical fitness, skill development, teamwork, fair play, family involvement and volunteer leadership.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**ALL Participants MUST pick up a Race Participant Packet at the time of registration. Please return this completed registration form with either cash, check or credit card info. to the YMCA of Clay County.**

### FOR OFFICE USE ONLY

Date: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Receipt Given to parent: Yes or No Staff Member Initials \_\_\_\_\_