

Shenango Valley YMCA

Phone: 724-981-6950

www.svymca.com

Shenango Valley
Ymca, on
Facebook!



Mission Statement:

To put Christian Principles
into practice through programs
that build healthy mind, body and spirit.

Methods of Payment:

- Cash/Check attached
- Credit Card
 - Visa Mastercard

Credit card # _____ Exp. Date _____

Zip Code _____

Signature _____

Entry fees include timing chip rental,
event t-shirt and refreshments.

Entries postmarked after June 14, 2011 will
be subject to a \$10.00 late fee and
a t-shirt will not be guaranteed.

Entries may be limited.

YES! I wish to be a sponsor!
Call for Sponsor levels!

Awards

Award ceremony
will follow the conclusion of all races.
Awards will be given to the
top 3 boys & girls of each group.
(7, 8, 9, 10, 11, 12, 13, 14)

*Everyone will receive a
participation ribbon*

Sponsor prizes will be
given away after awards.

YMCA Youth Triathlon Entry Rules

Registration location is at Shelter #4.
Registration must be filled out completely,
waiver signed by parent or guardian
and entry fee enclosed.

Packet pick-up and on site
registration will be from 7:00 - 7:45 A.M.
Race will begin at 8:30 A.M.

Register at the YMCA Front Desk or
mail registration to:
Shenango Valley YMCA
Attn: Triathlon Committee
925 North Hermitage Rd.
Hermitage, PA 16148-3219

Entry Fee:

\$20.00 for YMCA Members
\$25.00 for Non-Members
*Additional children in same family
\$15.00 each
Website: www.svymca.com



Shenango Valley YMCA Youth Triathlon

Open to Ages 7 to 14



Swim



Bike



Run

Saturday June 25th, 2011

Buhl Farm Park
730 Forker Blvd., Hermitage, Pa.

Timing Events

This event will be scored by Smiley Miles. On race day, runners will be issued a rental computer chip which is attached to the ankle and worn throughout the race. Special mats at the finish will record a finishing time for each chip.

All Rental chips must be returned at the finish line. A fee will be assessed for each lost chip.

**Registration will be from 7:00 - 7:45 A.M.
Race will begin at 8:30 A.M.**

Short Course for Ages 7-10

50 yard swim
1 mile bike ride
1/2 mile run

Long Course for Ages 11-14

100 yard swim
2 mile bike ride
1 mile run

(Distances are approximate.)

*Participants will be contacted when
practice nights are finalized.*

Traffic will be restricted within Buhl Farm Park during this event. All participants may swim any style and flotation devices may be used. A hard shell helmet must be worn while biking. Participants number must be visible at all times and/or t-shirt must be worn during the bike and run portion of the event.

Please read carefully before signing waiver and release of liability. I am under eighteen years of age. A parent or guardian has read and completed the section below.

1st Child's Name: _____

M/F _____ Date of Birth: _____ Age: _____ (as of June 16th)

T-shirt size (check one):

Youth: S ___ M ___ L ___ Adult: S ___ M ___ L ___ XL ___

Has participant ever competed in a youth triathlon before? Yes ___ No ___

2nd Child's Name: _____

M/F _____ Date of Birth: _____ Age: _____ (as of June 16th)

T-shirt size (check one):

Youth: S ___ M ___ L ___ Adult: S ___ M ___ L ___ XL ___

Has participant ever competed in a youth triathlon before? Yes ___ No ___

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Email: _____

Shenango Valley YMCA Youth Sports Release, Waiver Liability & Indemnity Agreement



The undersigned Parent/Guardian of: _____ and _____

In consideration of the acceptance of this entry, hereby releases, on behalf of such minor, myself, and any of our heirs and legal representatives, the Shenango Valley YMCA, Buhl Farm Park, or any of its employees, directors, organizers or volunteers, from any and all injuries, claims or liabilities resulting in or from participation in this event. I understand the risks involved in having the minor participate in this even and said minor is physically fit and able to participate.

I GIVE PERMISSION TO THE YMCA TO USE ANY PHOTOS OR VIDEOS OF SAID MINOR FOR PROMOTING THE YMCA.

Parent/Guardian Signature _____

Date _____

Trans# _____ \$ paid _____ Date _____ staff initials _____