



KID'S TRIATHLON



Saturday Morning, September 11, 2010 8:15am-Start 7:30am Check-in

Bike inspections by Route 66 Bicycles - "The Best Bike Shop in Rolla"

Advance Registration deadline: NOON - Friday, August 27 - \$20.00

Entry Fee Day of the Event \$25.00 - includes USAT registration.

Registration form on back, turn in at the CENTRE. Age groups will be separated by Gender.

For registration and additional information regarding the KIDS Triathlon, contact The Centre or Mitch Lewis at 341-2386.

Age Groups: 6-7(410601-01), 8-9 (410601-02), 10-11(410601-03), 12 (410601-04)

(Limit 20 per age group) Registration Form on other side.

SWIM Kiwanis Natatorium

AGES 6-7: 50 yards with or without floatation device

AGES 8-12: 100 yards (4 lengths)

BIKE Ber Juan Sidewalks

All bikes must pass a safety inspection the Day of the Race. No training wheels, tricycles or scooters. Safety Riding Helmet is required!

A Parent may assist or ride along with the 6-7 age group

AGES 6-7: One Lap Sidewalk and Parking Lots -1 Mile

AGE 8-12: Two Laps Sidewalk and Parking Lots - 2 Miles

RUN Ber Juan Lake

AGES 6-7: One Lap around Lake starting at Parking Lot -1/2 Mile

AGE 8-12: Two (2) Laps around Lake starting at Parking Lot - 1 Mile

Additional Sponsors:



Forum Dental



1810 E. 10th St., Rolla, MO
573-364-1821

KID'S TRIATHLON Saturday, September 11

Advance registration Deadline: Friday, August 27, before NOON - \$20.00 Day of Race - \$25.00.

Please print

Registration Form

Please return form to The Centre, 1200 N Holloway, Rolla, MO 65401

	Gender	USAT Membership #	AGE	410601				Youth	Adult
	F/M		6-7	01	02	03	04	Shirt Size	Shirt Size
Child's Name _____	F/M _____	_____	6-7 _____	8-9 _____	10-11 _____	12 _____		S ___ M ___ L ___	S ___ M ___
Child's Name _____	F/M _____	_____	6-7 _____	8-9 _____	10-11 _____	12 _____		S ___ M ___ L ___	S ___ M ___
Child's Name _____	F/M _____	_____	6-7 _____	8-9 _____	10-11 _____	12 _____		S ___ M ___ L ___	S ___ M ___
Child's Name _____	F/M _____	_____	6-7 _____	8-9 _____	10-11 _____	12 _____		S ___ M ___ L ___	S ___ M ___

Parent or Guardian's Name _____ **TOTAL FEE Paid \$** _____ Date _____

Address _____ City _____ State _____

Zip _____ Home Phone _____ Evening Phone _____

Email Address _____ Medical Conditions _____

The City of Rolla exercises a HOLD HARMLESS POLICY during all sponsored programs and events. This releases the First Presbyterian Church, Rolla Multi Sport Club, Rolla Fins Swim Club, and the City of Rolla and their representatives from any and all claims which might arise out of any accident or injury when participating in the Triathlon. The City also reserves the right to use any photographs or videotape taken of participants for future marketing materials.



Signature of Participant (If under 18, parent/legal guardian) _____ Date _____

Please describe any accommodations which may be needed to participate: _____