



YTRI IN JULY

The Family YMCA

3719 Veterans Memorial Drive
Hattiesburg, MS 39401

INDOOR/OUTDOOR TRIATHLON SPRINT

July 17, 2010

7:45 am Poolside - 1ST WAVE (8 am start)
8:15 am Poolside - 2ND WAVE (8:30 start)
8:45 am Poolside - 3rd WAVE (9:00 start)
9:15 am Poolside - 4th WAVE (9:30 start)

400 Yard Swim (16 Lengths) In the Pool
15 Mile Bike on STAR TRAC SPINNERS!
5K Run – Outdoor Trail/Pavement

1st, 2nd, 3rd Place Prizes for Male and Female categories! Medals for age category winners!
YTri T-shirt for all entries!

\$35 Entry/Registration fee
Checks payable to The Family YMCA
Registration DEADLINE: July 14, 2010

Coordinator: Nan Bryant, Director

Member Non-Member Birth Date: _____ Age _____ T-shirt: S M L XL XXL

Participants F. Name: _____ Int. _____ Last Name: _____

Home Address: _____ City _____ State _____ Zip _____

Male Female Home Ph _____ e-mail: _____

Parent/Guardian _____ Work Ph _____ Other Ph _____

Emergency Contact _____ Work Ph _____ Other Ph _____

8:00 WAVE _____ 8:30 WAVE _____ 9:00 WAVE _____ 9:30 WAVE _____ NO PREFERENCE _____

Permission for participation and release of The Family YMCA of Southeast Mississippi, Inc., from liability: *I am an adult over 18 years of age and wish to participate in The Family YMCA YTri indoor/outdoor triathlon and/or I give my children permission to participate. I understand that even when every reasonable precaution is taken, accidents can sometimes still happen. Therefore, in exchange for the YMCA allowing me to participate in this activity, I understand and expressly acknowledge that I release the YMCA and its staff members from all liability for any injury, loss, or damage connected in any way whatsoever to my (or my children's) participation in the triathlon, whether on or off the YMCA's premises. I understand that this release includes any claims based on negligence, action or inaction of the YMCA, its staff, directors, members and guests. I have read and am voluntarily signing this authorization and release.*

Signature _____ Date _____

(Guardian signature if under 18 years of age)

Date: _____ Rec# _____ Amt: _____ Check# _____ Cash _____ Staff Int: _____