



Pegasus Sports

Rockford Explorers Post

Kent County CERT

Kent County MRC

Kent County R.A.C.E.S.

**RACE HOTLINE**

Kevin Sweeney

517-719-1195

[www.rocktri.com](http://www.rocktri.com)

Rockford Area Kids Triathlon  
C/O Kevin Sweeney  
2932 S Saddle Ridge Dr NE  
Rockford, MI 49341

13<sup>th</sup> ANNUAL



# Rockford Area Kids Triathlon

**SWIM/BIKE/RUN**

Saturday July 8, 2017

9:00am

**\*\*Rockford High School\*\***

Rockford, MI 49341

All Proceeds Benefit

# Michigan Special Olympics



Registration For

## TWO Ways to Register:

1. *Online at the following link*

<https://www.firstgiving.com/miletr/kidstri17>

2. *By mail*

*Please return this form with your check made payable to:*

### Rockford Area Kids Triathlon

Mail Registration To:

**Kevin Sweeney**  
**2932 S Saddle Ridge Dr NE**  
**Rockford, MI 49341**

**Rockford Area Kids Triathlon**  
**Saturday**  
**July 8, 2017**  
**9:00am Swim/Bike/Run**  
**Rockford High School**

### Location

Rockford High School is located at 4100 Kroes Ave just outside the city limits of Rockford

### Course Description

The bike portion of the race will be held in the parking lots of the school. The run will be held on the grassy areas surrounding the school. The swimming will be done at the Rockford High School pool.

### Age Groups

RACE	AGE	SWIM	BIKE	RUN
A	16-17	400 yds	6 miles	3 miles
A	14-15	400 yds	6 miles	3 miles
B	12-13	200 yds	4 miles	2 miles
C	10-11	200 yds	4 miles	2 miles
D	8-9	100 yds	2 miles	1 mile
E	6-7	100 yds	2 miles	1 mile
F	0-5	1 length	100 yds	100 yds

Flotation devices are allowed and parents can swim/bike/run next to their children. Lifeguards will be present for the swimming

### Race Start Times

**Race A 9:00am**      **Race B 10:00am**  
**Race C 10:30am**    **Race D 11:00am**  
**Race E 11:30am**      **Race F 12:00pm**

**Awards will begin at approximately 12:30pm**

**\*Participants must check in at registration a minimum of 1 hour before the start of their race**

### Awards

- Awards for the top three finishers in each age group
- Medals for all participants
- Certificates for all participants
- T-shirts for all participants

### ENTRY FORM – Please Print

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone(\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Age On Race Day \_\_\_\_\_

MI Special Olympics Athlete    Y    N

Gender (Circle One)    M    F

Shirt Size (Circle One)

ADULT:    S    M    LG    XL    XXL

CHILD:    Youth S    Youth M    Youth L

### \$20.00 Registration Fee

Free for MI Special Olympics Athletes

(Race Day Registration from 8:00am – 11:00am  
 Not guaranteed a t-shirt for race day registration)

**WAIVER:** I know that running/biking/swimming in a triathlon is a potential hazardous activity. I should not enter my son or daughter in a run/bike/swim unless they are medically able and properly trained. I agree to abide by any decision of a race official relative to their ability to safely complete the run/bike/swim. I assume all risk for my son/daughter associated with running in this event, but not limited to falls, contact with other participants, the effects of weather, including traffic and conditions of the course, all such risk being known and appreciated by me. Having read this waiver and knowing these facts and in my considering of your accepting my entry, I, for myself and anyone entitled to act in my behalf, waive and release; City of Rockford, Rockford Area Kids Triathlon, all sponsors and volunteers, and any representatives and successors from all claims or liabilities of any kind arising out of participation in this event.

Date \_\_\_\_\_

Signature \_\_\_\_\_

(Parent or guardian must sign if participant is under 18 years of age)

### ***PARTICIPANTS MUST WEAR A BICYCLE HELMET***

### ***In Case of Emergency, Notify***

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_