# 14<sup>th</sup> ANNUAL









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

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



## SWIM/BIKE/RUN

Saturday July 14, 2018 9:00am \*\*Rockford High School\*\* Rockford, MI 49341

All Proceeds Benefit



#### **Registration For**



#### **ENTRY FORM – Please Print**

Last Name				
First Name				
Address_	Address			
City				ip
Phone(	_)			
Email				
Date of B				
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	n 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)

## TWO Ways to Register:

### 1. Online at the following link

https://www.firstgiving.com/miletr/rockfordtri18

#### 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

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		

Rockford Area Kids Triathlon Saturday July 14, 2018 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
В	12-13	200 yds	4 miles	2 miles
С	10-11	200 yds	4 miles	2 miles
D	8-9	100 yds	2 miles	1 mile
Е	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