



Pegasus Sports

Rockford Explorers Post

Kent County CERT

Kent County MRC

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

**RACE HOTLINE**

Kevin Sweeney

616-863-0669

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

Rockford Area Kids Triathlon  
C/O Kevin Sweeney  
4000 Collins Rd  
Lansing, MI 48910

6th ANNUAL



# Rockford Area Kids Triathlon

**SWIM/BIKE/RUN**

Saturday July 10, 2010

9:00am

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

Rockford, MI 49341

All Proceeds Benefit

**Rockford Explorers**  
**&**  
**D.A.R.E.**



**ENTRY FORM – Please Print**

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

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

Address \_\_\_\_\_

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

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

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

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

Gender (Circle One)    M        F

Shirt Size (Circle One)

ADULT:    S    M    LG   XL   XXL

CHILD:    Youth S   Youth M   Youth L

Registration Fee:

\$20.00 Registration Fee (includes t-shirt)

(Race Day Registration from 8:00am – 8:45am  
Not guaranteed a t-shirt for race day registration)

Please return this form with your check made payable to:

**Rockford Area Kids Triathlon**

Mail Registration To:

**Kevin Sweeney  
4000 Collins Rd  
Lansing, MI 48910**

**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 10, 2010  
9:00am Swim/Bike/Run  
Rockford High School**

**Location**

Rockford High School is located on Kroes St, just south of the City of Rockford.

**Course Description**

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

**Age Groups**

RACE	AGE	SWIM	BIKE	RUN
A	16-17	200 yds	6 miles	3 miles
A	14-15	200 yds	6 miles	3 miles
B	12-13	100 yds	4 miles	2 miles
C	10-11	100 yds	4 miles	2 miles
D	8-9	50 yds	2 miles	1 mile
E	6-7	50 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