

2011 Burlington Youth Triathlon

Presented by Great River Medical Center and Team BEAST



Iowa State Bank
Coca-Cola
The New Mix 107.3
Lance Private Brands

June 26, 2011 Dankwardt Park— 2700 Block S. Main St. Burlington, IA

Swim, bike and run! Great River Medical Center and Team Beast will host the 3rd Annual Burlington Youth Triathlon featuring chip timing. Certified lifeguards will be in the pool. A bike helmet is required at all times while on the bike. No drafting is allowed. A water station will be located near the transition area. Parents will be allowed into transition prior to the race.

**Fees: \$20 individual through 6/15/11, \$25 through 6/25/11 (2nd child \$5 discount)
\$45 team through 6/15/11, \$60 through 6/25/11
All Fees are non-refundable**

NO RACE DAY REGISTRATION

June 25 - 6:00 - 7:00 PM:

Registration / Packet Pick Up - Dankwardt Park

Race Day Schedule (RAIN OR SHINE)

7:00 – 8:15am Packet Pick Up

8:00am Transition Opens

8:40am Transition Closes

8:45am Pre-Race Meeting

9:00am Race Start

Distances

Age	Swim	Bike	Run
7-8	50yd	1.5mi	1/4mi
9-11	100yd	2mi	1/2mi
12-14	200yd	3mi	1mi
Team *	100yd	2mi	1/2mi

(* Teams divided by age according to oldest participant.)

To Volunteer, please e-mail us at lizard@getconnect.com

Download this form at www.teambeast.org or register online at www.getmeregistered.com

2011 Burlington Youth Triathlon

Make Checks Payable to "Burlington Youth Triathlon"

PO Box 321, Burlington, IA 52601

Kandys 319-759-5893 or e-mail bkaad@mepotelco.net

J.T. 319-457-2971 or e-mail stumpfchiro@hotmail.com

Participant's Name: _____

Team Name: _____

Age (on Dec. 31, 2011): _____ Birth date: _____

Shirt Size: Youth S M L Adult S M L (Circle One)

Donate \$5 to the Dankwardt Pool Fund (Optional): _____ **Total Enclosed: \$** _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Emergency Contact: _____ Phone: _____

"I hereby give permission for my child to participate in the Burlington Youth Triathlon and certify that he/she is physically fit for this activity. I understand Great River Medical Center & other sponsors of this program do not carry health/accident insurance to cover participants in all programmed activities. I will not hold the City of Burlington or other sponsors responsible in case of accident or injury that could occur. I grant Team Beast the right and authority to photograph, film or record vocally me or my child. These records may be used for promotional or publicity purposes."

Parent/Guardian Signature (required)

Date



Individual / Team (Circle One)

Swim / Bike / Run (Circle One)

Boy _____ Girl _____