

SWIM .25 MILE * BIKE 12.1 MILES * RUN 3.1 MILES



Venice YMCA Triathlon

DATE: SATURDAY, Sept. 2, 2017

LOCATION: SHARKY'S ON THE PIER
(1600 Harbor Dr. Venice, FL)

TIME: FIRST WAVE AT 7:30AM SHARP!

Whether You're a First-Timer or a Pro, all Athletes are Welcome!

Course: SWIM parallel with the shore of the Gulf of Mexico, BIKE on SMOOTH, CLOSED Habor Drive, RUN on paved roads and sidewalks through Maxine Barritt Park to Caspersen Beach. Excellent Course!! Post-race breakfast by Sharky's. Timing by: Alta Vista Sports

SPLASH-N-DASH

6-10 yrs: 100 meter swim & 1/2 mile run
11-17 yrs: 200 meter swim & 1 mile run

Finisher medals & T-shirts for
ALL Participants.

**MUST ARRIVE NO LATER THAN
7AM DUE TO ROAD CLOSURE
BEGINS AT 9AM SHARP!**

ENTRY FEES: **** NO REFUNDS ****

| | <u>Individual</u> | <u>Relay Teams</u> | <u>Splash-n-Dash</u> |
|---|-------------------|--------------------|----------------------|
| Now—April 30 | \$70.00 | \$130.00 | \$20.00 |
| May 1—June 30 | \$80.00 | \$150.00 | \$20.00 |
| July 1—July 31 | \$90.00 | \$170.00 | \$25.00 |
| August 1—August 30 | \$100.00 | \$190.00 | \$30.00 |
| Aug. 31—Sept. 1 (Packet pick-up) | \$125.00 | \$225.00 | \$30.00 |

Triathlon Awards: 3 deep in standard 5 year age groups - Starting at 18-22 and going til 84+ Clydes & Athenas 39 & under, 40 & over / Relay Teams.

Early Packet Pick-up: Friday, Sept. 1, 3-7 P.M. Bicycles International 1744 S. Tamiami Trail
Day Of Race Packet Pick-up begins at 6 A.M. on Race Day

ATHLETES MUST PROVIDE PICTURE ID AT REGISTRATION. NO EXCEPTIONS.

Registration: download a form on www.swflymca.org/programs/venice-triathlon/ or on RunSignUp.com

And MAIL TO: 701 Center Rd. Venice FL. 34285 ***Must be received by Wed. August 30th, 2017 to confirm receipt!***

USAT RULES AND REGULATIONS: All participants must be a member of USAT. \$15.00 will be charged separately to ALL non-USAT members AT REGISTRATION (one day membership). Check must be made out to USAT for 1 day membership. USAT Annual & 1 day forms may be found also at www.usatriathlon.org. All must show picture ID - no exceptions!



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INTERNATIONAL
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www.bicyclesinternationalfl.com



Saturday, September 2, 2017



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2017

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Last Name: _____ First Name: _____

Gender: _____ Age as of 12/31/17: _____ Birth Date: ___/___/___

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

Telephone: _____ - _____ - _____ USAT#: _____ (check expiration date)

Shirt Size: (Circle one) (XS) (S) (M) (L) (XL)

Would you like to make a one time donation of \$1 \$3 \$5 or other \$____ to support YMCA scholarships for children in our community? Please check amount if yes. Total enclosed: \$_____

Email (required to receive pre-race instructions): _____

In consideration for my being accepted, I intend to be legally bound and do hereby for myself, heirs, executors and administrators release and relinquish all rights and claims for damages which I may have or which may hereinafter accrue to me against the SKY Family YMCA, Inc., The city of Venice & Sarasota County, their directors, officers, agents, members, volunteers, successors, assigns and all their sponsors for any and all damages or injuries which may be sustained and suffered by me in consideration with my association with or entry or participation in an event itself. I also covenant with the aforementioned persons and entities not to sue any of such persons for any activity, including the negligence of such persons and entities. I certify that I have represented by my application for entry that my physical condition and training for this event is adequate to participate safely in the event and I acknowledge that I am familiar with the distances, rigors and the risks of the events involved. If I should suffer injury or illness, I authorize any official of the event to use their discretion to have me transported to a medical facility and I take full responsibility for this action. I hereby agree that in the event of a race cancellation due to a storm, rain, wind, or inclement weather, my registration fee **shall NOT be refunded**. I hereby grant full permission to any and all of the foregoing to use any photograph, motion pictures, videotapes, recordings or any other record of this event for any purpose including commercial use.

SIGNATURE ALL TEAM MEMBERS MUST also SIGN INDIVIDUALLY . Parent or Guardian must sign if participant is under 18.

____/____/____
DATE

Emergency Contact/phone: _____

RACE CATEGORY: (X One)

Will this be your first Triathlon? YES / NO

AGE GROUP CLYDES (220) ATHENA (165) RELAY

RELAY TEAM NAME: _____ You will: SWIM BIKE or RUN (required)

(EACH TEAM MEMBER MUST FILL OUT A SEPARATE REGISTRATION FORM AND SUBMIT WITH THE REST OF THE TEAM MEMBERS PARTICIPATING) Teams consist of 2-3 members.

Make checks payable to: SkyFamilyYMCA/Venice Triathlon, 701 Center Rd. Venice, FL. 34285. Once MAX registration is reached, or after 8/31/2017, no mailed entries will be processed. For questions call Scott Stewart, Race Director, at 941-492-9622 X 145 or email - sstewart@veniceymca.org or jmartin@veniceymca.org

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