

2019 ENGLEWOOD YMCA SPRINT TRIATHLON/DUATHLON



SPRINT TRIATHLON

- ◇ SWIM 400 METERS ◇
- ◇ BIKE 13 MILES ◇
- ◇ RUN 5K ◇

DUATHLON

- ◇ RUN 1 MILE
- ◇ BIKE 13 MILES ◇
- ◇ RUN 5K ◇



All Athletes must present photo I.D. at registration.

DATE:
SATURDAY, JUNE 22ND, 2019

LOCATION:
ENGLEWOOD BEACH
CHADWICK PARK, SHELTER 3

START TIME:
DUATHLON 1 MILE STARTS AT 7:00
TRIATHLON WAVES
BEGIN AT 7:05 AM **SHARP!**

ENTRY FEE (NO REFUNDS):

	INDIVIDUALS	TEAMS
BEFORE JUNE 3RD	\$70.00	\$140.00
JUNE 3RD-JUNE 20TH	\$80.00	\$160.00
PACKET PICKUP & DAY OF RACE	\$90.00	\$180.00

AWARD DIVISIONS: 5 DEEP IN EACH DIVISION:
STANDARD 5 YEAR AGE GROUPS (14 & UNDER TO 80+)
CLYDESDALE & ATHENA (39 & UNDER & 40+)
FAT TIRE (MALE AND FEMALE)
RELAY TEAMS (2 OR 3 PEOPLE)

PACKET PICKUP AND PRE-RACE PASTA DINNER:
FRIDAY, JUNE 21ST, 4:00PM-5:45PM AT FARLOW'S ON THE
WATER, 2080 S.MCCALL RD. DINNER COMPLIMENTARY TO
ATHLETES, \$10 AT THE DOOR FOR GUESTS. PACKET
PICK-UP BEGINS AGAIN AT 6:00 AM ON RACE DAY.

RSVP FOR DINNER:# _____

IS THIS YOUR FIRST TRIATHLON? _____

OFFICIAL RACE HOTEL:

Sun Coast Inn, 2073 South McCall Road, Englewood, FL,
34224, 941-475-6533
www.verandainn-englewood.com



USAT RULES AND REGULATIONS APPLY

All participants must be a member of USAT. \$15.00 will be charged separately to ALL non-USAT members AT REGISTRATION (one day membership). Cash or 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 participants must show picture ID – no exceptions!

RELAY TEAMS CONSIST OF 2 OR 3 MEMBERS

All relay teams must fill out registration forms and USAT applications for each member.

Relay Team Name: _____
(Circle one) Swim Bike Run

AMENITIES: Awards, prizes, goodie bags, pre-race pasta Dinner, race day breakfast, great music, t-shirts, photos, champion chips and race results with splits by ALTA VISTA SPORTS.

Online Registration at

runsignup.com/YMCATriathlon-Duathlon

_____	_____	_____	_____	____/____/____
Last Name	First Name	Sex	Age on 12/31/19	Birth Date
_____	_____	_____	\$ _____	\$ _____
Address	City	State	Zip Code	Total Amt. Enclosed USAT fee
_____	_____	_____	_____	_____
Telephone/ with area code	Shirt Size-please circle one	E-mail (critical for race updates)	USAT number	

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, The City of Englewood & Charlotte & Sarasota Counties, Alta Vista, their directors, officers, agents, members, volunteers, successors, assigns and all their sponsors and supporters 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 risk 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, inclement weather or other "Acts of God", my registration fee shall not be refunded. I hereby grant full permission to any and all of the foregoing to use any photographs, motion pictures, videotapes, recordings or any other record of this event for any purpose including commercial Use.

Signature/ All team members must sign _____ *DATE* _____ *Age Group* _____ *Clydes .Athena* _____ *Fat Tire* _____ *Relay Team (Team Name)* _____

Make Checks Payable to and Mail To: The Sky Family YMCA/Englewood Tri/701 Medical Blvd/Englewood/FL/34223

Mailed entries must be received by June 20th. Call to confirm receipt. Once max registration is reached, no mailed entries will be processed. For questions, call Mike Schyck, Race Director, at 941-475-1234, ext. 226

2019 ENGLEWOOD YMCA



Sprint TRIATHLON



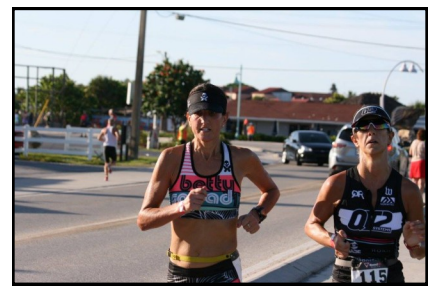
SWIM 400 METERS

+

BIKE 13 MILES

+

RUN 3.2 MILES



DUATHLON

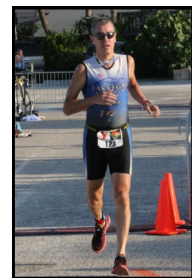
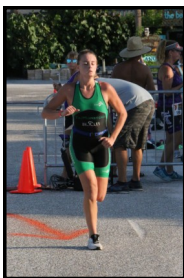
1 MILE RUN

+

BIKE 13 MILES

+

RUN 3.2 MILES



Contact: Mike Schyck, Wellness Director/Race Director
 The Sky Family YMCA — Englewood
 701 Medical Blvd
 Englewood, FL 34223
 941-475-1234 Ext. 226
www.swflymca.org