

2010 Burlington Youth Triathlon

Presented by **Great River Medical Center and Team BEAST**



Iowa State Bank

Clear Falls

Lance Brands

Coca-Cola



Great River
Medical Center

A service of Great River Health Systems



Rick Buller Financial Services, LLC

American Ordnance

June 27, 2010 Dankwardt Park – 2700 Block S. Main St. Burlington, IA

Swim, bike and run! Great River Medical Center and Team Beast will host the 2nd Annual Burlington Youth Triathlon. Swim in the Burlington City Pool (outdoors), bike within Dankwardt and Crapo Parks, run on sidewalks, streets, and grass around the baseball fields. 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. ***New this year, chip timing!***

Fees: \$20 individual through 6/19/10, \$25 through 6/26/10 (2nd child \$5 discount)
\$45 team through 6/19/10, \$60 through 6/26/10
All Fees are non-refundable **NO RACE DAY REGISTRATION**

June 26 - 6:00 - 7:00 PM:

Registration / Packet Pick Up - Dankwardt Pool

Race Day Schedule (RAIN OR SHINE)

7:00-8:15am Sign up/packet pickup

8:40am Pre race meeting

8:50am Transition closes

9:00am Race Start

Post race Fun, Food, and Awards!

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 pulch@mepotelco.net

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



2010 Burlington Youth Triathlon

Make Checks Payable to "Burlington Youth Triathlon"

14950 154th Avenue, Burlington, IA 52601

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



Participant's Name: _____ Individual / Team (Circle One)
 Team Name: _____ Swim / Bike / Run (Circle One)
 Age (on Dec. 31, 2010): _____ Birth date: _____ Boy _____ Girl _____
 Shirt Size: Youth S M L Adult S M L (Circle One)
 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