

Dear Triathlon Athletes and Families,

We are excited about this year's Tri My Best Triathlon and glad that you will be a part of it! In order to make the day run as smoothly as possible, we are trying to collect more information about equipment needs for the day. Please fill out the form below to complete the registration process. Registration deadline is Friday, June 30th.

Thank you for taking the time to do this, as it will make the day more enjoyable for everyone! We are looking forward to seeing you!

Please select from the options below for each triathlon event:

Level of assistance...

- 1 = Independent
- 2 = Needs standby assistance for safety
- 3 = Needs minimal physical assistance (buddy helps complete 25% of the activity)
- 4 = Needs moderate physical assistance (buddy helps complete 50% of the activity)
- 5 = Needs maximal physical assistance (buddy helps complete 75% of the activity)

Equipment needed...

- A = No equipment needed
- B = Will bring own equipment
- C = Need to borrow equipment that my child is familiar with using
- D = Never used the equipment that my child will need to borrow

SWIM ____ (i.e. 1A = independent, will not need flotation device)

Indicate equipment to be used:

BIKE ____ (i.e. 2B = needs standby assistance, will bring own bike with training wheels)

Indicate equipment to be used:

WALK/RUN ____ (i.e. 3C = needs minimal assistance, needs to borrow walker that child uses on PT)

Indicate equipment to be used:

Please indicate any diagnoses, medical precautions/conditions that may require special attention (CP, autism, seizures, allergies, etc.):

3rd Annual

TRI MY BEST

TRIATHLON - KENOSHA

SUNDAY, AUGUST 6, 2017



A triathlon for children & young adults with developmental disabilities.

We are here to encourage physical fitness and fun activity for all ability levels. Everyone needs to move and what could be more fun than to do it with friends and family present to cheer you on!

ABOUT THE TRIATHLON

This is a 'swim/bike/run' event for children (5 & up) and young adults with developmental disabilities including Autism, Cerebral Palsy, Muscular Dystrophy, global delays, etc. ALL abilities are welcome, including those that may require the use of flotation devices, adapted bikes, walkers, power wheelchairs, and other assistive devices. All athletes will be paired up with volunteers to encourage, assist and ensure safety.

EVENT DATE & LOCATION

Sunday, August 6th @ Kenosha YMCA, 7101 53rd Street, Kenosha

REGISTRATION

Complete the athlete registration form at right.
Event fee is \$20. \$15 for athletes with a Kenosha YMCA membership

Registration can be...

- ▶ Dropped Off *OR* Mailed To: 5219 88th Avenue, Kenosha WI 53144
- ▶ Faxed to 262.653.0853
- ▶ Online @ www.kenoshaymca.org/special-events/tri-my-best-triathlon

Have questions? Please contact Tender Touch Therapy @ 262.653.0850
You will be contacted via email to confirm your athlete's registration.

Athlete Registration Deadline is Friday, June 30th



ATHLETE REGISTRATION FORM:

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Athlete Name: _____

Athlete Age: _____ DOB: ____/____/____ Height: _____ Weight: _____

Address: _____

City/State/Zip: _____

In consideration of the foregoing, I, for my child, executors and administrators, waive and release any and all rights and claims for damages I may have against the Kenosha YMCA, Tender Touch Therapy and any and all participating sponsors and supporters for all claims of damages, demands or actions, whatsoever in any manner as a result of participating in the Tri My Best Triathlon. I attest and verify that my child is able to be assisted with this adapted event and a licensed doctor has verified their ability to participate in Tri My Best.

PHOTO RELEASE: I hereby grant full permission to any and all of the foregoing to use my child's photograph/likeness/voice, as it pertains to my participation in the Tri My Best Triathlon, in any manner for promotional efforts without expectation of or right to any reimbursement in connection with its use.

Parent/Guardian Name: _____

Parent/Guardian Email: _____

Parent/Guardian Phone #: _____ Parent/Guardian Cell #: _____

Parent/Guardian Signature: _____ Date: _____

CHOOSE A COURSE:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> BLUE COURSE | <input type="checkbox"/> GREEN COURSE | <input type="checkbox"/> YELLOW COURSE | <input type="checkbox"/> ORANGE COURSE |
| Up to 200 yard swim,
2 mile bike & 1 mile run | Up to 100 yard swim,
1 mile bike & 1/2 mile run | Up to 50 yard swim,
1/2 mile bike & 1/4 mile run | Up to 25 yard swim,
1/4 mile bike & 200 yard run |

BUDDY REQUEST:

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T-SHIRT ORDERS*

➔ ATHLETE shirt size: Youth: ___S ___M ___L ___XL Adult: ___S ___M ___L ___XL (Included w/ registration)

*Additional shirts (for family & friends) are \$15 (^\$20) each. Indicate the # of each size needed.

Youth: ___S ___M ___L ___XL Adult: ___S ___M ___L ___XL Extended Sizes^: ___2XL ___3XL ___4XL

PAYMENT

Registration: \$20 / \$15 Kenosha Y Member
Family T-Shirts: # _____ x \$15 = \$ _____
Extended Sizes: # _____ x \$20 = \$ _____
TOTAL: \$ _____ ➔ ➔ ➔

METHOD OF PAYMENT

Check, payable to Kenosha YMCA Cash
 Credit card: MC / Visa / AmEx / Discover Registered Online
Card #: _____ CVVC #: _____ Exp: _____
Name on Card: _____