



# 2017 Kids' Triathlon



March 2017

The Boys & Girls Club of Franklin will be hosting its' 5<sup>th</sup> KIDS' TRIATHLON for ages 5-14 on June 3, 2017 at Franklin Community High School, sponsored by **Johnson Memorial Health** beginning at 8:00 a.m.

We are excited to provide this event to promote healthy lifestyles for the children of our community. The KIDS' TRIATHLON features a 25 yard swim (50 yard swim for 13-14 year olds), a 1.1 mile bike ride and concludes with a half mile run. **Please note...there is a life jacket division if your child can't swim. Also...your child must be able to ride a two wheeled bicycle - no training wheels or balance bikes!** As each participant crosses the finish line, a winner's medal is draped around their neck. At the conclusion of the race, once the results have been tallied, there will be a presentation of trophies to 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> place winners in each age category (5/6, 7/8, 9/10, 11/12, and 13/14).

We have enclosed a Kids' Triathlon participant entry form. The fee for the Kids' Triathlon is \$32.00, which includes a T-Shirt, shoulder bag with snacks, and a participant medal. At the conclusion of the race there will be bounce houses provided by the Indiana Army National Guard and face painting available for participants and spectators while waiting for the race results.

Once your entry form and payment have been received, you will be sent a letter with detailed information concerning the event.

Please contact Teresa McClure or Natalie Fellure at the Boys & Girls Club of Franklin at 317-736-3695 with any questions you may have concerning this awesome community event!

Swim, Bike, Run...for fitness and FUN!!!

**Boys & Girls Club of Franklin**  
101 N. Hurricane Street • Franklin, IN 46131  
317-736-3695 • [www.boysgirlsfranklin.org](http://www.boysgirlsfranklin.org)

**GREAT FUTURES START HERE.**





2017

# Kids' Triathlon



Swim



Bike



Run

Saturday, June 3, 2017



## Entry Form

Child's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Gender (circle): M or F Age (on 6/3/17): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Competed in triathlons before? (circle): Yes or No Phone (cell): \_\_\_\_\_  
Area code Number

E-mail address: \_\_\_\_\_ Phone (evening) \_\_\_\_\_  
Area code Number

T-shirt size (circle): (YOUTH): YS YM YL (ADULT): AS AM AL AXL

Swimming Division\*\* \_\_\_\_\_ Swimmer \_\_\_\_\_ Life jacket division

\*\* No changes to Swimming or Age Divisions can be made after the application has been received.

**PLEASE NOTE: The child must be able to ride a two wheeled bicycle for this event – no training wheels or balance bikes!**

**Entry Fee: \$32.00 - - Entry must be postmarked on or before May 26, 2017.**

### RELEASE AND WAIVER CLAIM:

#### Parents please read carefully before signing and dating the Release and Waiver Claim

I, the undersigned, do hereby and for my heirs, executors, administrators, successors and assigns release, acquit and forever discharge Johnson Memorial Health and the Boys & Girls Club of Franklin, and their agents, employees, servants, successors, heirs, executors and all other persons, firms, corporations, associations or partnerships of any and all claims, actions, causes of actions, demands, rights, damages, costs, loss of service expense and compensation whatsoever, which the undersigned now has or which may occur during such time or times that I, my child or ward (circle one), X \_\_\_\_\_ may participate in the Kids' Triathlon listed above sponsored by Johnson Memorial Health and hosted by the Boys & Girls Club of Franklin, and operated by their employees or agents, sponsors, or during such time or times that I may be in the company of such employees' agents, carrying out their duties in the course of their official rules. The undersigned also understands that photos, videos or other recordings of their child/ward may be taken at this event to be used in future print publications of the Boys & Girls Club of Franklin or on its website.

The undersigned enters into this agreement knowing that he/she waives any recourse or cause of action against Johnson Memorial Health or the Boys & Girls Club of Franklin, their agents, employees, servants, successors, heirs, executors and all other persons, firms, corporations, associations or partnerships that he/she might have resulting from any bodily or personal injuries and property damage, and any consequences resulting from any accident which might occur, or be caused by the negligence or gross negligence of the Boys & Girls Club of Franklin and their agents.

The undersigned has read the foregoing Release of Waiver of Claim and fully understand(s) it.

Date: \_\_\_\_\_ Parent/Guardian SIGNATURE: \_\_\_\_\_

Please PRINT Parent/Guardian Last Name: \_\_\_\_\_

**GREAT FUTURES START HERE.**



**Please submit this form with payment to:  
Boys & Girls Club of Franklin, 101 N. Hurricane Street, Franklin, IN 46131**

How did you hear about this event:

\_\_\_ participated previously \_\_\_ yard sign \_\_\_ Boys & Girls Club Facebook \_\_\_ JMH Facebook \_\_\_ radio \_\_\_ other \_\_\_\_\_