

**TRIATHLON REGISTRATION FEES:**

Before June 24

\$40 Individual  
 \$30 Each Relay Team Member

After June 24

\$45 Individual  
 \$35 Each Relay Team Member

Race Day (Pending available space.)

\$50 Individual  
 \$40 Each Relay Team Member



Make check or money order payable to:

The Greater Johnstown Community YMCA  
 100 Haynes Street  
 Johnstown, PA 15901

[www.johnstownpaymca.org](http://www.johnstownpaymca.org)

**Register online at active.com**

***triathlon 2010 INDIVIDUAL entry form***

LAST NAME																							
FIRST NAME																							
ADDRESS																							
CITY											ST			ZIP									
DAY PHONE			-			-																	
BIRTHDATE			-			-											AGE				SEX	M	F
SHIRT SIZE	S				M				L				XL				XXL						

AGE DIVISION (Select One) Categories based on athletes age on December 31, 2010

13	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85
to	to	to	to	to	to	to	to	to	to	to	to	to	to	to	plus
14	19	24	29	34	39	44	49	54	59	64	69	74	79	84	

Preferred Start Time: \_\_\_\_\_ Est. Bike Time (35K): \_\_\_\_\_ Est. Run Time (5K): \_\_\_\_\_  
 (Must register by July 13 for preferred time consideration.)

LEGAL WAIVER MUST BE SIGNED BY ALL PARTICIPANTS

In the consideration of the acceptance of this entry in the Greater Johnstown Community YMCA Triathlon on July 24, 2010, I the undersigned participant (and if participant is under 18 years of age, parent or guardian), intending to be legally bound, do hereby for myself, my heirs, executors, and administrators, waive, release, and forever discharge any and all rights and claims for damages which I may have or which may hereafter accrue to me, against any and all persons, organizations, and legal entities affiliated with this race, for any and all damages which may be sustained or suffered by me in connection with this race. I also attest that, to the best of my knowledge, my physical condition and fitness are adequate for me to safely compete in this triathlon and that no physician or qualified individual has advised me against competing.

\_\_\_\_\_  
 Signature (Parent or guardian if participant is under 18)

\_\_\_\_\_  
 Date