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

HIGHMARK. JOHNSTOWN YMCA

triathlon 2009

Make check or money order payable to:

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

www.johnstownpaymca.org

Register online at active.com

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triathlon 2010 TEAM entry form

Each team member is required to complete and sign separate entry forms to be submitted together.

LAST NAME																						
FIRST NAME																						
ADDRESS																						
CITY													ST				ZIP					
DAY PHONE				-				-														
BIRTHDATE			-			-							AGE				SEX		M		F	

SHIRT SIZE	S	M	L	XL	XXL		YOUR EVENT		
RELAY CATEGORIES: (Select One)	Male Only	Female Only	Mixed Team	Family Team*	Corporate Team	School Team	Masters 50	TEAM SWIMMER	TEAM CYCLIST	TEAM RUNNER

*Family relay team must consist of at least one parent and their child or children. All team members must submit a signed team entry form.

TEAM NAME:_____

OTHER TEAM MEMBERS:_____ EVENT_____

_____ EVENT_____

A 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