



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

34th ANNUAL MYSTIC RIVER VALLEY TRIATHLON

SUNDAY JUNE 16th, 2019 AT 8AM

OCEAN COMMUNITY YMCA—NAIK FAMILY BRANCH

Name: _____ Date of Birth: _____ Age as of 12/31/18: _____
Address: _____ City: _____ State: _____ Zip: _____ Gender: _____
T-Shirt Size: XS S M L XL Phone: _____ E-mail _____
Emergency Contact Name: _____ Relation: _____ Phone: _____
Have you served or are you currently active in the military? Yes ___ No ___
If you are part of a team, each team member must complete the registration form and waiver.

Team Name: _____

Swimmer: _____ USAT Membership # _____ (Complete back of form if not a USAT member)
Biker: _____ USAT Membership # _____ (Complete back of form if not a USAT member)
Runner: _____ USAT Membership # _____ (Complete back of form if not a USAT member)

Ages Divisions

0-15, 16-17, 18-19 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64,
65-69, 70-74, 75-79, 80-84, 85 & up

Optional First-timer Division

Male or Female

I understand that my participation in the Mystic River Valley Triathlon involves risk of injury to myself, including the possibility of disabling injuries; heart attack, stroke, or even death. Fully understanding the potential risks associated with participation, I voluntarily choose to take part in this triathlon. I certify that to the best of my knowledge I am physically fit and know of no reason why I cannot participate. I understand and agree that the YMCA is not responsible if any of my personal equipment/property is lost or stolen during the event.

Participant Signature

Date

Parent or guardian if under 18

WELCOME CENTER USE ONLY:

Credit Card (Check One): __AMEX __MC __Visa __Discover __Check __Cash __Card on file (last 4 digits- _____)

Name on Card: _____ Card Number: _____

Exp. Date: _____ CVC: _____

Total \$ _____ Initials: _____