



Citrus Kids Triathlon

presented by Publix



SANCTIONED EVENT



2024 PARTICIPANT REGISTRATION FORM

<p>SCHEDULE BICENTENNIAL PARK, 8145 W. Bicentennial Park Dr., Crystal River, FL</p> <p>Friday, May 10, 2024 4:00-6:30pm Mandatory Packet Pick-up & Bike Check-In <i>Kids Kickoff Party & Walking Course Clinics Every Hour (Security will be onsite overnight)</i></p> <p>Saturday, May 11, 2024 <i>(times may vary based on # of participants)</i> 7:00am Senior Check-In Opens 7:45am Senior Pre-Race Meeting (Mandatory) 8:00am Senior Division Starts 9:30am Senior Awards Ceremony 9:30am Junior Parking Access Opens 9:30am Junior Check-In Opens 10:15am Junior Pre-Race Meeting (Mandatory) 10:30am Junior Division Starts 11:00am Tri4Fun Division Starts 12:00pm Junior Awards Ceremony</p>	<p>AWARDS</p> <ul style="list-style-type: none"> * Awards given for Top 3 kids in 1 year age groups * Every participant receives a custom Finishers Medal <p>ENTRY FEES</p> <p>\$25 Pre-Registered by April 28 \$30 Pre-Registered by May 8</p> <p><i>Event shirt & gear bag of goodies for all pre-registered participants. Helmet fitting available at kickoff party on May 10. Bicycles available for use during event.</i></p>	<p>3 EXCITING DIVISIONS</p> <p>Junior Division Swim 75 Yards (3 Laps) * Bike 1 1/2 Miles * Run 1/2 Mile Junior A = Born 2016-2019 * Junior B = Born 2014—2015</p> <p>Senior Division Swim 150 Yards (6 Laps) * Bike 3 Miles * Run 1 Mile Senior A = Born 2012—2013 * Senior B = Born 2009—2011</p> <p>Tri4Fun Division (All Ages) Swim 75 Yards (3 Laps) * Bike 1 1/2 Miles * Run 1/2 Mile <i>This is for kids, adults, families & anyone that wants to participate. Families & groups can swim, bike & run together! Just For Fun! NO timing or awards but ALL will receive a Finishers Medal.</i></p>
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DIVISION: JR SR Tri4Fun Physically Challenged T-SHIRT SIZE: YS YM YL S M L XL XXL

NAME: _____ DOB: ____/____/____ GENDER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ PHONE: _____

SCHOOL: _____ BIKE: I will bring my own bike. I need a bike provided.

USA Triathlon # (if applicable): _____



Register: online (www.citruskidstri.com), by mail (DRC Sports, P.O. Box 70, Inverness, FL 34451) or turn in this form & payment to your school.



Please make checks payable to: **CCEF**. Amount Enclosed \$ _____ Check # _____

RELEASE WAIVER: I understand that Entry Fees are Non-Refundable & Non-Transferable. In consideration of accepting this entry, I, the undersigned, intending to be legally bound, hereby, for myself, my child, my heirs, executors and administrators, waive and release any and all rights and claims for losses and damages I may have against DRC Sports, the City of Crystal River, Citrus County Education Foundation, the sponsors of the race and/or officials of said event, volunteers, town, police, lifeguard, fire department, and their representatives, successors and assigns for any and all injuries suffered by me in said event. I attest and verify that I am or my child is physically fit and sufficiently trained for the competition of this event, and that a licensed medical doctor has verified my/their physical condition. I know that participating in this event is potentially a hazardous activity. I should not enter unless I am/they are medically able and properly trained. I agree to abide by any decisions of race officials relative to my or my child's ability to safely complete the course. I assume all risks associated with participating in this event including, but not limited to, falls, contact with other participants, the effects of the weather, including heat and/or humidity, traffic and conditions of the road. I understand that the course is open to vehicular traffic and will compete with due care. Further, I hereby grant full permission to any and all of the foregoing to use any email, photographs, videotapes, motion pictures, recording or any other record of this event for any purpose whatsoever.

ONE APPLICATION PER PERSON – All information above must be filled out in order to race

SIGNATURE (Parent if under 18 years of age) _____ Date _____

EMERGENCY CONTACT: Name _____ Relation _____ Cell _____

Learn more at: www.citruseducation.org. Questions: call 352.726.1931 x2240 or email BurdetteS@citruschools.org

