

# FALLS CITY AQUATIC CENTER 2016 SUPER SPRINT TRIATHLON

Saturday, July 23<sup>rd</sup>

**\*10:30 A.M. Start Time**

\*Race will follow the FCAC Sprint Triathlon - Start Time May Vary

Race will start and finish at the Falls City Aquatic Center

Entry forms must be received by Monday, July 18<sup>th</sup> to receive an event t-shirt on race day

\*Race Day Registration will be accepted\* T-shirts will be mailed out on a later date.

**SWIM –150 Meters    BIKE – 2 Mile    RUN – 1 Mile**

**Open To All Individuals 7 - 14 Years of Age**

**“Tri” it as an individual or “Tri” it as a Team**

**\*Entry Fee - \$35 for Individual or \$105 per Relay Team**

**\*Entry Fee - – after Monday June 27<sup>th</sup> - \$50 for Individual or \$120 per Relay Team**

**Awards: All Triathletes will receive a Medal for Finishing**

- Trophy for Overall Male and Female
- Medals for the Top 3 Finishers in each Age Division for both Male and Female
  - Team Medals for the Top 3 Relay Teams
  - Male and Female Age Divisions:  
7-8, 9-11 and 12-14

**Packet Pick-Up – Friday, July 22<sup>nd</sup> at the Falls City Aquatic Center from 5:00-7:00 P.M.**

**Saturday, July 23<sup>rd</sup> – Check-In/Packet Pick-Up – 6:00 – 10:00 A.M.**

**Transition Area Opens at 6:00 A.M. \*\***

**\*\*Time may vary depending on the Sprint Triathlon and all participants are off the course.**

**\*Race Day Registration will be accepted until 10:00 A.M.**

**\*Event t-shirts will not be available to participants registering after July 18<sup>th</sup> or on race day.**

**T-shirts will be ordered and mailed to participants registering after the cutoff dates.**

**For More Information or Entry Form Contact:**

**Denise Daake at 402-245-3717 or 402-297-0108**

**Email: [fcactriathlon@gmail.com](mailto:fcactriathlon@gmail.com)**

**A T-CHIP WILL BE USED TO TIME THIS EVENT**

# Falls City Aquatic Center Super Sprint Triathlon

## Saturday, July 23, 2016

6:00 A.M.\*\* - Transition Area Opens - 10:30\*\* A.M. Start Time

10:15\*\* A.M. - Pre-race meeting and final instructions

\*\*Time may vary depending on the Sprint Triathlon and all participants are off the course.

\*All forms must be received by Monday, July 18th to receive an event t-shirt on race day.

\*Price Increase after Monday, June 27th -\*Race day registration will be accepted.

\*Event t-shirts will not be available to participants registering after July 18th or on race day.

Challenge yourself to a Triathlon. Falls City Aquatic Center Super Sprint Triathlon will be Saturday, July 25<sup>th</sup> at 10:30 A.M\*\*. The event is open to all individuals and teams of three 7 to 14 years old on the day of the event.

Swim 150 meters serpentine course in the Falls City Aquatic Center Pool, 2 mile bike ride (helmets are required; no iPods or mp3s allowed on the bike course), and a 1 mile run/walk (iPods and mp3s will be allowed on the run course).

**Entry Fee: \$35 for Individual or \$105 per Team (must be team of 3)**

**Entry Fee: \$50 for Individual or \$120 per Team (after Monday, June 27<sup>th</sup>)**

**Individual Registration Form:** (Entry Fees are non-refundable)

Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email address \_\_\_\_\_

Gender (circle one): F M Age on Race Day: \_\_\_\_\_ Birthday: \_\_\_\_\_  
(MM/DD/Year)

T-Shirt Size: Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ (indicate youth or adult size t-shirt)

**Swim order placed by fastest to slowest time:** \_\_\_\_\_ **minutes (actual or anticipated)**

**Relay Registration:** \*\*Indicate if you will swim, bike or run on relay team below.

Relay Team Name: \_\_\_\_\_

Relay Team Captain: \_\_\_\_\_

\*\*I will: Swim \_\_\_\_\_ Bike \_\_\_\_\_ Run \_\_\_\_\_

**\*Relay Participants: ALL THREE** entry forms for each team must be sent in together with **ONE** payment for the entire team. Please designate a team captain to receive correspondence.

**Emergency Contact:** \_\_\_\_\_ **Phone** \_\_\_\_\_

I hereby, for myself, my heirs, executors, administrators, and assigns, and anyone entitled to act on my behalf, WAIVE, RELEASE and DISCHARGE from any and all liability for myself death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me as a result of my participation in the Falls City Aquatic Center Sprint Triathlon. The following persons of entities: All event sponsors, race directors, race staff, race volunteers, the City of Falls City, Richardson Country, the State of Nebraska and its (their) office, officers, directors, employees, representatives & agents & event volunteers.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Signature of parent of guardian if under 18)

Make payment to: The Richardson Foundation

Send payment to: The Falls City Aquatic Center, 3002 N. Old Highway 73, Falls City, NE 68355

Contact: Denise Daake at 402-297-0108 or email: [fcactriathlon@gmail.com](mailto:fcactriathlon@gmail.com)