

2017 PATRIOT TRIATHLON

KIDS RACE (age 5-12) REGISTRATION

Please Print Clearly • OK to Photocopy •

MAIL IN REGISTRATIONS MUST BE MAILED BY SEPTEMBER 11, 2017

First Name _____ **Last Name:** _____

Email Address: _____ **Phone No:** _____

Address: _____ **City** _____ **State:** _____ **Zip:** _____

Age on 12/31/17: _____ **Date of Birth:** _____ **USAT Member # (if applicable)** _____

EMERGENCY CONTACT NAME: _____ **CONTACT #** _____

REGISTRATION FEES: (Per Participant)	\$15 (through August 20, 2017) \$20 (August 21- September 10) \$40 (September 11-13) MUST BE HAND DELIVERED after 9/10	\$ _____
USAT FEES:	(IF NOT A USAT MEMBER PLEASE ADD \$10.00 FOR YOUR LICENSE, which is good for a year)	\$ _____ USAT fee
TOTAL AMOUNT ENCLOSED		\$ _____

SORRY - NO REFUNDS

EACH PARTICIPANT MUST:

- Be between 5-12 years of age
- Have a helmet and his or her own bike
- Have appropriate shoes for running
- Be a USAT Member or purchase a USAT license



Mail completed form and checks, made payable to FIT FUNdamentals,

Must be Received by September 13, 2017, TO:

**FIT FUNdamentals
2105 Golf Course Rd, Ste. A
Rio Rancho, NM 87124**

This is a USA Triathlon sanctioned event. All participants must be annual USAT members or purchase a membership permit. All participants' parents / guardians must also sign the USAT Participation Acknowledgement, Waiver, and Release of Liability (AWRL) before participation in this event. The AWRL will be available at packet pickup and at the race. Please bring your USAT card if you have one.

WAIVER: I hereby affirm that I have read this document and I understand its contents. I understand that there are inherent risks in participating in any athletic event and hereby certify that my child is in a condition fit to participate in this event. I hereby give FIT FUNdamentals, and their agents and assigns, the right to use any photos, video or other media captured or taken at this event for any legal purposes.

Printed Name of Participant: _____

Printed Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____

Date: _____

