



# TWO TOWNS TRIATHLON

FOR KIDS AGES 7-14  
SATURDAY, JUNE 17, 2017



The Two Towns Triathlon is sponsored by the South Orange and Maplewood Departments of Recreation & Cultural Affairs. Entrants **MUST** be residents of South Orange or Maplewood between the ages of 7 and 14 (as of June 17, 2017). Through this event, we are promoting active participation in the aerobic sports of swimming, biking, and running, hoping to foster an increased interest in overall health at an early age.

**REGISTRATION:** Registration opens April 1, 2017. This registration form must be returned **IN PERSON** with payment and **PROOF OF RESIDENCY** to the South Orange Department of Recreation & Cultural Affairs at the Baird. **SPACE IS LIMITED** to 60 athletes in each age group. Applications will be accepted on a first-come, first serve basis. The **REGISTRATION DEADLINE** is May 15<sup>th</sup> or when all spots are taken, whichever comes first.

**ENTRY FEE:** \$30.00. All racers will receive a triathlon t-shirt.

## RACE DAY

6:30 am Registration check-in  
7:00 am Stretch and Warm up  
7:45 am Announcement of Race  
8:00 am Start of first heat

**COURSE INFORMATION:** The 2017 Two Towns Triathlon will be held in South Orange. Participants will swim laps in the South Orange Community Pool, bike from the pool through Meadowland Park and the surrounding West Montrose neighborhood, and run through Meadowland Park to the finish line. Racers will be timed from the beginning to end of the triathlon. Split times will not be recorded.

## DISTANCES

<b>AGE</b>	<b>SWIM</b>	<b>BIKE*</b>	<b>RUN*</b>
7-8	50 yards	1.25 miles	1/2 mile
9-10	100 yards	1.75 miles	1 mile
11-12	150 yards	2.75 miles	1 1/2 miles
13-14	200 yards	3.25 miles	2 miles

\* Distances are approximate.

**PRIZES: Bronze participation** medals will be awarded. Gold and Silver medals will be awarded for 1<sup>st</sup> and 2<sup>nd</sup> place for boys and girls in each age group.

**REQUIRED EQUIPMENT:** Participants must provide their own bicycle and CPSC certified bike helmet. Swim cap that is provided must be worn during the swim.

**PACKET PICK-UP:** At the Baird, 5 Mead Street, South Orange, on Friday, June 16<sup>th</sup> from 9:00 am to 4:30 pm OR Saturday, June 17<sup>th</sup>, 6:30-7:00 a.m. Mandatory racer meeting on the Pool Deck at 7:30 am on June 17<sup>th</sup>.

**VOLUNTEERS NEEDED:** If you would like to volunteer to assist with this event, please send an email to [recreation@southorange.org](mailto:recreation@southorange.org).

**COMPLETE RACE DETAILS, RULES AND REGULATIONS WILL BE PROVIDED VIA EMAIL IN MID-MAY.**

South Orange Dept. of Recreation & Cultural Affairs  
5 Mead Street, South Orange, NJ 07079  
Phone: (973) 378-7754, ext.1

Maplewood Dept. of Recreation & Cultural Affairs  
574 Valley Street, Maplewood, NJ 07040  
Phone: (973) 763-4202

# TWO TOWNS TRIATHLON REGISTRATION FORM

**This application must be returned IN PERSON with payment AND proof of residency to the Baird, 5 Mead Street, South Orange, NJ 07079.** Registration begins April 1, 2017. The registration deadline is May 15, 2017 OR when fully enrolled, whichever comes first.

**FEE: \$30.** Please make checks payable to "Village of South Orange". This fee is non-refundable.

Participant's Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

T-Shirt Size: YXS\_\_\_ YS\_\_\_ YM\_\_\_ YL\_\_\_ YXL\_\_\_ AS\_\_\_ AM\_\_\_ AL\_\_\_ AXL\_\_\_

Family E-Mail Address (PRINT NEATLY!) \_\_\_\_\_

## Contact Information

Parent/Guardian Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact (if parents cannot be reached): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## Medical Information, Parental Release and Consent for Treatment

Please indicate any physical limitations, allergies or medical conditions of which the coaches should be made aware:

\_\_\_\_\_

Required Medication \_\_\_\_\_

I, the parent/guardian of above-named child, hereby give permission for my child to participate in the activity as indicated on the front of this form. I understand that participation may result in serious injury, and that protective equipment does not prevent all injuries to players.

By my signature, I do hereby waive, release, absolve, indemnify and agree to hold harmless the Township of South Orange Village and the Township of Maplewood, their employees, sponsors, organizers, and volunteers for any claim arising out of any injury to my/our child as a result of his/her participation in this activity. In case of accident or illness, I hereby authorize a representative to use his/her judgment in obtaining immediate Medical Care. (Parents will be notified in case of serious illness or injury as quickly as they can be reached, but this will make immediate treatment possible).

Further, I give permission for photos of my child's participation in this activity to be used in connection with program publicity.

Parent Name (print) : \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_