



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## INDOOR SPRINT TRIATHLON O'FALLON YMCA

### Registration Form:

(If signing up as a team, have all team members fill out a separate form)

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

Gender: \_\_\_\_\_ Age (as of February 27<sup>th</sup>, 2016) \_\_\_\_\_

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

City, State \_\_\_\_\_ Zip \_\_\_\_\_

**Team Name:** \_\_\_\_\_

**Team Members:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

#### Estimated Times

Swim: \_\_\_\_\_ Bike \_\_\_\_\_ Run \_\_\_\_\_  
(you will be placed in heats by your estimated finish time)

T-shirt Size: [ ] YL [ ] AS [ ] AM [ ] AL [ ] AXL [ ] AXXL [ ] AXXXL

Waiver of Liability: I understand that the Gateway Region YMCA is not liable for any injuries I may suffer while taking part in this voluntary activity. I hereby waive and release any and all rights and claims I may have against the YMCA, sponsors, personnel or volunteers for any injury I might suffer in this event or for loss or damage to my property. I attest that I am physically fit and have prepared for this event.

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

Parent or guardian signature required if under the age 18.

**Mail or bring registration form with payment to:** O'Fallon YMCA, 284 N. Seven Hills Road, O'Fallon, IL 62269. Make check payable to YMCA.

**O'Fallon YMCA**  
**284 N. Seven Hills Road**  
**O'Fallon IL, 62269**  
**618-628-7701**

<http://www.gwrymca.org>