

## Event Information

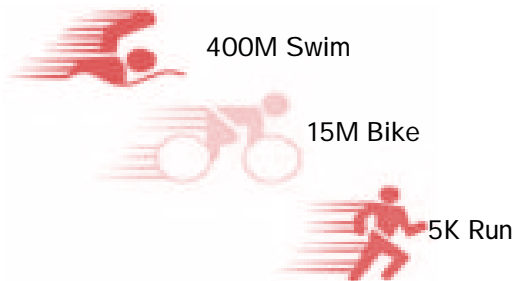
### Registration Fees

- \$50 (before 7/1/10)
- \$60 (after 7/1/10)



### What to Expect

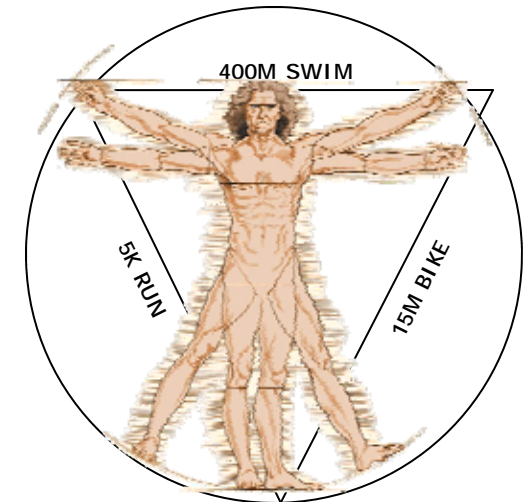
- Standard Super Sprint Course  
400M Swim, 15mi Bike, and 5K Run
- Dry Wick Shirts, course map and numbers will be given at check-in
- Approximate 400m swim time.  
Preference to deep or shallow swim and Competitive or Enjoyment class.
- All events begin and end at the City Of Holton Swimming Pool
- Course will be marked, deviation from course will result in disqualification. NO outside assistance during race will be permitted.
- Transition/Aid Stations throughout course, EMS on standby
- Both the bike and run are on live streets! Helmets must be worn during bike course.
- No Headphones Allowed
- Drinks and Snacks provided
- Prizes will be awarded to top male and female finishers!



LifeCare Fitness Center  
A div of Community HealthCare System, Inc.  
115 E 5th Street  
Holton, KS 66436

# LifeCare Fitness Co-ed Team Triathlon

July 10, 2010  
Saturday



Location: Rafters Park/ Holton Pool  
711 Nebraska Holton, KS

Sponsored By:

**LifeCare Fitness Center**

a division of Community HealthCare System, Inc.

&

**City of Holton  
Parks and Recreation**

# LifeCare Fitness Co-ed Team Triathlon

7/10/2010

Check-In at 7:00 AM

Race Starts at 8:00 AM

Rafters Park/Holton Swimming Pool

For more information contact  
Marvin Keehn or Corrin Tanking  
785-364-5775

Fax: 785-364-3468

Email: m.keehn@chcs-ks.org

c.tanking@chcs-ks.org



Pre-Register by July 1st at  
LifeCare Fitness Center

## Registration—Send to LifeCare Fitness Center

115 E. 5th St, Holton KS 66436

Phone: 785-364-5775 Fax: 785-364-3468 www.chcs-ks.org

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

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parent of Guardian: \_\_\_\_\_

Name and Number of Family Doctor: \_\_\_\_\_

Health Insurance Company: Policy Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

### Medical Information

Drug Allergies: \_\_\_\_\_ Date of last Tetanus: \_\_\_\_\_ Other: \_\_\_\_\_

Payment: Cash \_\_\_\_\_ Check \_\_\_\_\_ T-Shirt Size: S M L XL XXL

### Swim Determination:

1. First Triathlon? Yes No
2. 400 Meter Swim Time: \_\_\_\_\_ Don't Know \_\_\_\_\_
3. Swimming Preference: Deep Swim \_\_\_\_\_ Shallow Swim \_\_\_\_\_ Class Level: Competitive \_\_\_\_\_ Enjoyment \_\_\_\_\_

### Informed Consent

I \_\_\_\_\_ (Parent or Guardian) understand that if a serious illness or injury develops, medical and/or hospital care will be given: however the **City of Holton**, or **Community HealthCare System, Inc.** or **any division thereof** is not responsible in case of accidental injury or illness. I further understand that, in case of medical emergency, participants guardian will be notified (if underage). I hereby give permission to a designated member of the **City of Holton Parks and Recreation or LifeCare Fitness Center** or attending physician to hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery for my child and/or myself during said emergency. The purpose of this Triathlon is to create community awareness of the benefits of regular exercise. The triathlon will be held throughout the city of Holton. Your participation is voluntary and you may withdraw at anytime. First Aid stations will be placed on the course. Please give consent with full knowledge of the nature and type of exercise you or your child will be doing.

\_\_\_\_\_

Participant Signature (Parent/Guardian if under 18)

\_\_\_\_\_

Date