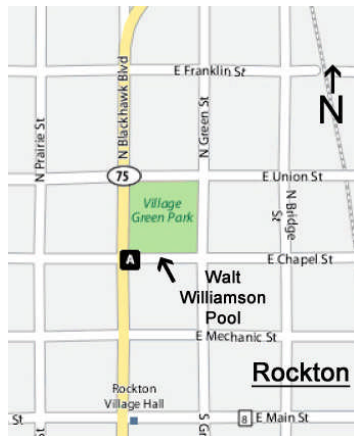


IMPORTANT INFORMATION

- **No refunds** – rain or shine. Saturday July 24, 2010 at 8:00 am
- Packet pick up and race day registration will be from 6:00 am to 7:30 am on race day
- Entry closes after 200 participants
- Participants registering on race day will begin after the last swimmer exits the pool
- Post race ceremony will include food, beverage, awards, and door prizes. Awards ceremony will begin 5 minutes after the last participant finishes
- Proceeds from the race will benefit the Stateline Family YMCA Strong Kids Campaign
- **Helmets mandatory** – Automatic disqualification without helmet
- **NO** Headphones or iPods
- No drafting
- Bike racks will be provided in the transition
- All cyclists must stay on the right side of the road at all times.
- All roads will be open to traffic throughout the race.
- All bikers must start and finish in the transition area.
- Shower facilities will be provided
- Every Pre-registered participant is guaranteed an official Event T-shirt
- Part of the Northern Illinois Tri Series (NITS). Contact Shosies Cyclery@ 815-633-0755 for more info on this exciting 5 race series.

DIRECTIONS

From I-90 traveling North or South, exit West onto Rockton Rd traveling approx. 4 miles and turn Left on Green St. **Walt Williamson Pool** will be on intersection of E. Union (Rockton Rd) and Green St. No parking in the fire station parking lot.



Stateline Family YMCA
9901 Main Street
Roscoe, IL 71073

STATELINE FAMILY YMCA

ROCKTON TRIATHLON



- ◆ 300 YARD SWIM
- ◆ 15 MILE BIKE
- ◆ 3 MILE RUN

Walt Williamson Swimming Pool
100 East Chapel Street
Rockton, IL 61072
www.statelinefamilyymca.org
815-623-5858



NAME (participant #1): _____

NAME (participant #2): _____

NAME (participant #3): _____

TEAM NAME : _____

(Each team must fill out one form)

Address: _____

City: _____ State: _____

Zip code: _____ Phone: () _____

Estimated 300 yard swim time: _____

GENDER: Male Female

DOB (Month/Day/Year): _____

Age on Day of Race: _____

N.I.T. # _____

MAIL ENTRY FORM TO:
Stateline Family YMCA
9901 Main Street
Roscoe, IL 61073

MAKE CHECK PAYABLE TO:
Stateline Family YMCA

Age Group (Check One):

- | | | | |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> 10-18 | <input type="checkbox"/> 19-24 | <input type="checkbox"/> 25-29 | <input type="checkbox"/> 30-34 |
| <input type="checkbox"/> 35-39 | <input type="checkbox"/> 40-44 | <input type="checkbox"/> 45-49 | <input type="checkbox"/> 50-54 |
| <input type="checkbox"/> 55-59 | <input type="checkbox"/> 60 + | | |

TEAM (Check One):

- | | | | |
|--------------------------------------|-------------------------------|---------------------------------|--------------------------------|
| <input type="checkbox"/> High School | <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Co-Ed |
|--------------------------------------|-------------------------------|---------------------------------|--------------------------------|

T-shirt size (Check One):

- | | | | |
|--------------------------------|---------------------------------|--------------------------------|----------------------------------|
| <input type="checkbox"/> Small | <input type="checkbox"/> Medium | <input type="checkbox"/> Large | <input type="checkbox"/> X-Large |
|--------------------------------|---------------------------------|--------------------------------|----------------------------------|

E-mail: _____

WAIVER*

I (we) hereby by myself (ourselves), my (our) heirs, executors, and administrators, fully and forever waive, release, discharge and promise not to sue any of the race officials and volunteers, the Village of Rockton, any municipal agencies, Stateline Family YMCA, Rockton Triathlon, sponsors or co-sponsors, any personnel assisting in the race, or any person connected with this event, their employees and/or their property, representatives, successors and assigns, from

any/all claims or liability for death or for damages for any and all injuries to me or my property arising out of or in connection with my participation in this event. The athlete is fully aware of any risks and hazards involved in participating in this triathlon and hereby agrees to compete voluntarily. The athlete hereby grants permission to the medical staff, access to all medical records as needed and authorizes medical treatment as needed.

Finally, I (we) hereby grant by irrevocable permission to any sponsors and/or organizers and its authorized agents, to

use my name and any photographs, videotapes, or other records of my participation in this event for any purpose without compensation.

SIGNATURE (participant #1):

SIGNATURE (participant #2):

SIGNATURE (participant #3):

• **LOCATION**

Walt Williamson Swimming Pool, 100 East Chapel St, Rockton, IL 61072

• **START TIME**

First swimmer starts at 8:00 AM sharp. 20 seconds interval per swimmer afterwards. The fastest pre-registered swimmer will start first.

• **ENTRY FEE**

- \$40.00** Individual received by July 19, 2010
- \$50.00** Individual received after July 19, 2010
- \$55.00** Per team (2 to 3 person team) by July 19, 2010
- \$65.00** Per team (2 to 3 person team) after July 19, 2010

Pay in person or by mail: Stateline Family YMCA
9901 Main St
Roscoe, IL 61073

Download application at www.StatelineFamilyYMCA.org
All registrations must be postmarked by July 15, 2010
Make checks payable to: Stateline Family YMCA
List your Northern IL Triathlon Series number and receive \$5 discount

• **AWARDS**

Special awards to 1st, 2nd, and 3rd place age group finishers.

• **TEAMS**

Teams can be comprised of 2 or 3 member teams. Each team member must sign waiver registration form.

FOR MORE INFORMATION

Contact Stateline Family YMCA at 815-623-5858 or Bruce at Shosie's Cyclery at 815-633-0755

* Please sign waiver and mail entry form along with payments to the address indicated above. Each participant must sign the waiver.