



The Franklin Lakes Recreation & Parks Department and the Wyckoff Family YMCA Present

The First Annual

Franklin Lakes Youth Biathlon

Saturday, September 11, 2010 at the Indian Trail Club, Franklin Lakes, New Jersey

Check In: 6:30 am, Race Begins 8 am

T-Shirts & Prizes
Chip Timing System
Limited Entry Field

Age Group

- 7-8 year olds
- 9-11 year olds
- 12-13 year olds
- 14-15 year olds

Race Distance

- 75 yard pool swim & 1 mile run
- 200 yard pool swim & 2 mile run
- 400 yard lake swim & 2.5 mile run
- 600 yard lake swim & 3 mile run

Post-Race Award Ceremony at 9:30 a.m.

Trophies to 1st, 2nd, and 3rd place winners in each age group and top 3 relay teams.

ATTENTION RELAY TEAMS: EACH MEMBER of a relay team must complete and sign a separate form in ink. Team applications must be submitted together in one envelope with team payment.

Notes: Race packets should be picked up Thursday, September 9 or Friday, September 10 at the **Wyckoff Family YMCA, 691 Wyckoff Avenue, Wyckoff, NJ** Rain or Shine, no rain date. **Event subject to cancellation due to weather conditions. Due to the nature of the event, we are unable to issue refunds. NO RACE DAY REGISTRATIONS!** For the safety of all athletes, registration will close upon maximum registration of 300 participants or on Friday September 10 at 5pm. **Please note: Champion Chips must be returned at the end of the race.** All submissions must have an **ORIGINAL SIGNATURE** of both child and parent. Copied or faxed signatures are **NOT ACCEPTABLE.** (Feel free to duplicate the form itself, but all registrations must have an original signature in ink.)

Youth Biathlon 2010 Official Entry Form

For Official Use Only:

Race Number: _____

PLEASE PRINT and return with checks made payable to:
The Wyckoff Family YMCA, P.O. Box 203, Wyckoff, NJ 07481.
For more information, call 201-891-2081, email nancya@wyckoffymca.org, or check the Y's website at www.wyckoffymca.org

Last Name _____ First Name _____ M.I. _____
 Street _____ City _____ St _____ ZIP _____
 D.O.B. _____ Sex: M F Work Phone _____ Home Phone _____ Age at 9/11/10 _____
 Email Address: _____ Shirt Size: Youth: S M L XL Adult: S M L
 Entering as (circle one): Individual Team
 If you are entering as a team, list your teammates: _____

Please make checks payable to the Wyckoff Family YMCA. Amount Enclosed: \$ _____

Individual Fee	\$50
Relay Team Fee	\$65

*****Confirm all Information Carefully—Registrations are NOT transferable!***
 Teammates must remain as listed above. Call the Y at 201-891-2081 to notify of any personnel changes to teams.**

PLEASE READ CAREFULLY BEFORE SIGNING: In consideration of the acceptance by sponsors of my entry in the Youth Biathlon, I _____ for myself, my heirs, executors and administrators hereby discharge The Wyckoff Family YMCA, The Franklin Lakes Department of Recreation and Parks, the Indian Trail Club, Inc., Township of Franklin Lakes, their officers, directors, shareholders, the town where the competition is held and all sponsors and producers of this event, their agents, representatives, successors and assignees, from all liabilities, actions, claims, demands, damages, costs and expenses, which I may now or in the future have against them or any of them arising out of my participation in the above mentioned Youth Biathlon including but not limited to all injuries that may be suffered by me. I attest and verify that, to the best of my knowledge, my physical condition and fitness are adequate for me to safely compete in the Youth Biathlon distances mentioned above and that no physician or other qualified individual has advised me against competing in any portion of the Biathlon series, or the entire series itself, or any such similar activity.

ENTRANT'S SIGNATURE _____ DATE _____ SIGNATURE OF PARENT OR GUARDIAN _____