



The Franklin Lakes Mayor's Wellness Campaign
and the Wyckoff Family YMCA present
The 8th Annual Franklin Lakes



YOUTH BIATHLON

Sat., SEPTEMBER 9, 2017 at The Indian Trail Club, Franklin Lakes, NJ 07417

Check In: 7am - Race Begins: 8am

Age Group:

- 7yrs. and under - 50 yard Pool Swim & 0.5 mile Run
- 8-11yrs. - 100 yard Pool Swim & 1 mile Run
- 12-13yrs. - 200 yard Pool Swim & 1.5 mile Run
- 14-15yrs. - 400 yard Pool Swim & 2 mile Run

Post-Race Award Ceremony at 9:30am

**1st, 2nd, and 3rd Place Trophies
for ALL AGES and top 3 Relay Teams**

FOR OFFICIAL USE ONLY:

Race Number: _____

Last Name _____ **First Name** _____

Street _____ **City** _____ **St** _____ **Zip** _____

Email Address _____

Cell Phone _____ **Emergency Contact & Number** _____

D.O.B: _____ **Sex: M or F** _____ **Age as of 9/10/17** _____

Allergies: _____

Choose Shirt Size YOUTH – S M L XL ADULT – S M L XL

Entering As (Circle One): Biathlon Individual/\$55 Biathlon Relay Team/\$70

Swim Level (Circle One): Novice Intermediate Swim Team Participant

*All Swimmers must be water safe.

Entering as a TEAM, list Teammates: _____

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.

GET A FAMILY CHEER SIGN! 2 LINES \$25 MESSAGE: _____

NOTES:

Race Packets must be picked up Thu., September 7 or Fri., September 8 **at the Franklin Lakes Community Center, 1 Vichiconti Way, Franklin Lakes.** 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. 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 signature are **NOT ACCEPTABLE.** Feel free to duplicate the form itself, but all Registrations must have an original signature **in ink.**

Checks made payable to Wyckoff Family YMCA, P.O. Box 203, Wyckoff NJ, 07481

Payment by Credit Card: Card Number _____ Exp _____ CVV _____

Total AMOUNT Enclosed: _____ **Check #** _____

Confirm all Information Carefully - Registrations are NOT transferable. Teammates must remain as listed above. YOU MUST Contact Race Director: Nancy Addis at NancyA@wyckoffymca.org to notify of any personnel changes to teams. VERY LIMITED FIELD! TO ENSURE PARTICIPATION, SIGN UP BY AUGUST 31 - SEE REVERSE SIDE



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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 and the Biathlon series, or the entire series itself, or any such similar activity.

Parent Signature _____ **Date** _____

Signature of Parent or Guardian _____

I hereby give the Wyckoff Family YMCA and/or its agents and assigns the unrestricted right to copyright and/or publish or use photographs or pictures of me, or photographs or pictures in which my child may be included, made in or through any media including but not limited to studios for us in art, advertising, trade, promotional materials or any lawful purpose whatsoever.

Parent Signature _____ **Date** _____