

REGISTRATION:

**Online Registration Recommended*

NAME: _____

ADDRESS: _____

PHONE #: _____

EMAIL: _____

AGE: _____ BIRTHDAY: _____

GENDER: M OR F

T-SHIRT SIZE: _____

☆ ADULT MINI-TRIATHLON

SWIM TIME: _____ (150 yards)

INDIVIDUAL \$65.00

RELAY TEAM \$85.00

TEAM NAME: _____

KIDS AQUATHON

☆ AGE GROUP: 5-7 YRS OLD

SWIM TIME: _____ (50 YARDS)

☆ AGE GROUP: 8-10 YRS OLD

SWIM TIME: _____ (50 YARDS)

☆ AGE GROUP: 11-14 YRS OLD

SWIM TIME: _____ (100 YARDS)

Office Use ONLY:

Paid By: _____ Date: _____

Amount: _____

Check #: _____ CC: _____ Ini-

tials: _____



PARDs FITNESS AND AQUATICS CENTER

30372 Eden Church Rd.
Denham Springs, LA 70726

(225) 664-8099

www.pardsla.com

FOR MORE INFORMATION CONTACT:

Sandi McGrew, Fitness Director

smcgrewpards@gmail.com

Gourteney Stevens, Aquatics Director

pardscfs@yahoo.com

PARDs FITNESS AND AQUATICS CENTER

PRESENTS OUR 4TH ANNUAL



AGES 5-7:

50 YARD SWIM

.5 MILE RUN

AGES 8-10:

100 YARD SWIM

1 MILE RUN

AGES 11-14:

100 YARD

SWIM

1.5 MILE RUN

RACE START: 7:15AM

Saturday, August 13th, 2016



AGES 15 & UP:

150 YARD SWIM

12 MILE BIKE RIDE

2 MILE RUN

RACE START: 8AM (APPROX)

MAJOR SPONSORS:



SCHEDULE OF EVENTS:

Packet Pick-Up:

Friday, 8/12: 5PM-7PM

(Lobby of FAG)

Day of Race: 6:15AM-6:45AM

(In front of FAG)

Transition Practice:

6:15AM-7AM

KIDS AQUATHON Begins:

7:15AM

ADULT Begins:

8AM (Approx)

*For More Details/Information
visit our website @
www.pardsla.com



RELEASE FORM

I hereby release sponsoring groups, and other representatives, and all officials, workers, volunteers involved with this event from any and all rights and claims for injuries or illness suffered by me in this event. I understand that participation in this event is strenuous and I verify that I am physically fit to compete in said event.

Participant Signature

Date

Parent or Guardian: (If Under 18)

The undersigned parent or guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in the said event, and has agreed individually and on behalf of the child or ward, to the terms of the waiver and release of liability set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Parent or Guardian Signature

Date

EMERGENCY CONTACT

Name

Number