

Event Information

Registration Fees

- \$35 (before 7/20/10)
- \$45 (after 7/20/10)



What to Expect

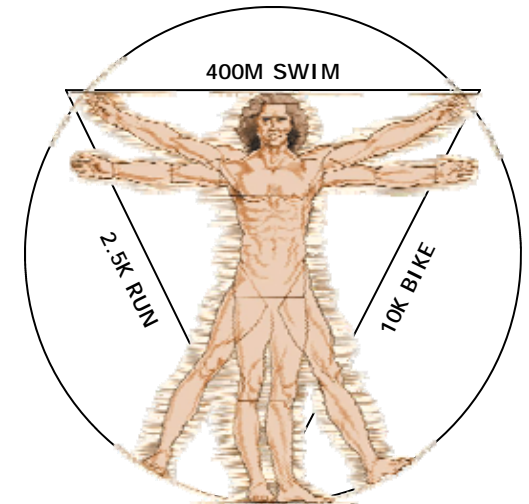
- Standard Super Sprint Course
400M Swim, 10K Bike, and 2.5K Run
- Dry Wick Shirts, course map and numbers will be given at check-in
- Check-in at 7:00AM.
Race start at 8:00AM
- All events begin and end at the City Of Holton Swimming Pool
- Course will be marked, deviation from course will result in 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 division of Community HealthCare System, Inc.
115 E 5th Street
Holton, KS 66436

LifeCare Fitness Triathlon

July 31, 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 Triathlon

7/31/2010

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 at
(785)-364-5775

Email: m.keehn@chcs-ks.org

c.tanking@chcs-ks.org

Pre-Register by July 20th 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