

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

## BURN THE BIRD

## Turkey Triathlon Challengel

Looking for a fun challenge to keep you on track with your health before the holidays? This is it! Race at your own pace as you swim, bike, and run/walk your way through a full triathlon!



GOALS	ADULT (Full Triathlon)	YOUTH (Half Triathlon)
Swim	2.4mi (168 pool lengths)	1.2mi (84 pool lengths)
Bike	112mi	56mi
Run	26.2mi	13.1mi

November 1<sup>st</sup>-30<sup>th</sup>!

Complete the Challenge to win a FREE t-shirt & be entered into a drawing for a chance to win a \$100 Dunham's Gift Card!

Youth Half Tri (Ages 10-15)

Adult Full Tri (Ages 16 & up)

All fitness levels are welcome!

\*Track your miles using a Y tracking log located at the Front Desk beginning on November 1st. Logs should be completed by November 30th.

\*Miles can be completed in the YMCA or at home.

\*YMCA Members only.

## **HARRISON FAMILY YMCA**

1000 Independence Drive Rocky Mount, NC 27804 **P** 252 972 9622 www.harrisonfamilyY.org



**SWIM** (water fitness classes count for .25 miles) 70 pool lengths = 1 mile

**BIKE** (spin class, indoor bikes, octane Xrider) mileage as shown on the equipment

**RUN/WALK** (treadmill, elliptical, AMT or outdoors) intermediate/advanced group fitness class = 6 miles

## **REGISTER HERE!**

Participant First and Last Name		D/O/B
Parent/Contact Person (if under 18)		
Address		
Email		_Phone
Emergency Contact		Phone
☐ Youth Half Triathlon for Ages 10–15		
Please check your t-shirt size for challenge completion $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	□ үм	□YL
☐ Adult Full Triathlon for Ages 16 & Up		
Please check your t-shirt size for challenge completion	□L □XL □2X	□3X
WAIVER OF LIABILITY: I understand and agree that the Rock Family YMCA) nor co-sponsoring organizations or their resp agents, members or volunteers shall assume or have any restreatment or form compensation for any injury may suffer duthis program. I do hereby, for myself, my heirs, executors and discharge any and all rights and claims for damages that I marising out of or in any way connected with my participation that I have been advised to seek consultation from my docto this program and whether there are precautions or limitation to the Y to use any photographs or videography that are observed.	ective chapters, officers ponsibility or liability for uring or resulting from a d administrators, waive ay have or that may he in this program. I also or about whether I can s ns to my participation. I	s, directors, employees, or expenses or medical my participation in , release and forever reafter accrue to me represent and warrant safely participate in
Signature		
Date		