

**2010 New Brighton Area Recreation Commission
6th Annual Memorial Triathlon
Saturday, May 29: 10:00 AM**

Name: _____

Address: _____

Phone: _____

Email: _____

Age: _____ **Gender:** _____ **Shirt Size:** S M L XL XXL

****Must be 16 years of age to compete in NBARC Triathlon**

Estimated Completion Time: _____

Team Name: _____

****Each team member must fill out and sign a separate form. Mail together with payment.**

Registration Fee: Individual

\$45

Team

\$85

Make checks payable to:

New Brighton Area Recreation Commission

610 Third Avenue, New Brighton, PA 15066.

REGISTRATION FEES ARE NOT REFUNDABLE!

ENTRIES ARE LIMITED TO THE FIRST 100 ENTRIES

Registration/Release Form

I understand the risks that are involved in participation in this athletic event and I assume the same. I am physically able to compete. I will follow all traffic laws while on public roads as both a cyclist and a runner. I must wear a bicycling helmet on the road course in order to participate. I release the New Brighton Area Recreation Commission, the New Brighton Area School District, all sponsors and volunteers of any liability in the event of any accident, injury or death.

Participant Signature: _____

Parent/Guardian Signature (if participant is under the age of 18)
