

Tri for Alex



Date: August, 23, 2008

Time: 8:00am – 10:00 am

Location: Windsor Knolls Community Pool
Knolls Parkway and Winmoor Drive
Ijamsville, MD

Fee: \$20.00 - **All proceeds to benefit Alex Hancock's medical care. Learn about Alex @ www.caringbridge.org/visit/alexhancock**

Registration Limit: 200 athletes maximum. Mail In Registration due by August 16th.
On-site Registration is not Guaranteed

Awards: **Medals to participants who 'TRI' each event**

Distances: These events will not be scored or timed

Age Group	Swim	Bike	Run
13 - 17	200 meters	5K (3.1mi)	3K (1.86mi)
9 - 12	100 meters	4K (2.48mi)	2K (1.24mi)
8 & Under	25 meters	1K (0.62mi)	.5K (0.31mi)

Course Map Links are found in the Competition Rules on the next page

Schedule of Events:

- Check In & Marking: 7:00am – 8:00am
- Transition Area Opens 7:00am
- Orientation/Instructions: 7:40am
- First Race Begins 8:00am

MORE INFORMATION AND REGISTRATION FORMS CAN BE FOUND AT

www.caringbridge.org/visit/alexhancock

Tri for Alex

Competition Rules

- General**
- At least one Parent must be able to volunteer to support their child's participation in this event.
 - Athletes must check in at least 30 minutes before their scheduled start time to be registered and marked.
 - This is NOT a closed course. Biking will be on the roads while running is on paths or sidewalks and only use the roads where sidewalks are not provided.
 - Bike and Running Gear must be arranged in the transition area corresponding to the athletes age group
 - Parents cannot assist any athlete during the swim, bike, or run. ONE PARENT may assist the 8 and under with transitioning onto and off the bike and into their running shoes.
 - The Pool Parking Area will be used during the race. No cars will be allowed In or Out during the competition. Car Pool or Walk to the Race Area. Street side parking is allowed on Winmoor Drive and Lindsey Court
- Swim**
- Swim will be in heats beginning with the 13-17 year olds. Two swimmers per lane - Heats separated by 5 minutes
 - Kick boards can be used by swimmers. Parents who's child is not confident with the swim can be in the water for support but not pulling the child.
- Bike**
- **Helmets are required for the bike.** No athlete can compete without a regulation bike helmet - no exceptions
 - Bike on right side of road with traffic.
 - Bikes must be walked in the transition area (pool parking lot) Do Not Ride or Run with your Bike in this area.
 - Bikers will be marked by monitors at major turn points to verify completion of course
 - Bikers will exit and enter the transition area in the marked area ONLY. No exceptions
 - Training wheels are allowed
 - Water will not be provided on the bike course. Please bring your own water
- Run**
- Run on sidewalks and path only - do not run on the road (if no sidewalks exist, run on left side of road facing traffic)
 - Runners will exit the transition area in the marked area ONLY. No exceptions
 - Runners will finish at the finish line.
 - Water Stops will be provided on the 2K and 3K runs
- Weather** The event will take place; rain or shine.

Maps The following URL's will direct you to maps of the courses

8 & U Bike: <http://www.mapmyrun.com/ride/united-states/md/ijamsville/1065983826>
Run: <http://www.mapmyrun.com/run/united-states/md/ijamsville/866504229>

9 – 12 Bike: <http://www.mapmyrun.com/ride/united-states/md/ijamsville/363959975>
Run: <http://www.mapmyrun.com/run/united-states/md/ijamsville/379952349>

13 - 17 Bike: <http://www.mapmyrun.com/ride/united-states/md/ijamsville/546383186>
Run: <http://www.mapmyrun.com/run/united-states/md/ijamsville/103680633>



2008 - Registration Form

**FORMS MUST BE FILLED OUT COMPLETELY.
A SEPARATE FORM IS REQUIRED FOR EACH PARTICIPANT**

Participants Name _____ Age _____ Gender _____

Parent/Guardian Name _____

Address _____

Home Phone # _____ Email (optional) _____

Special Concerns: _____

Emergency Contact Name _____ Phone # _____

“I, the undersigned, as a legal adult or parent/legal guardian of a minor, do hereby consent to my/my child’s participation in voluntary or recreation programs of the Windsor Knolls Community, and I acknowledge that I/my child are in good physical condition and are able to participate in the voluntary or recreation programs of the Windsor Knolls Community. I agree to assume all risk of any injury to myself/my child and loss or damage of property and I further agree to forever release the Windsor Knolls Community, Windsor Knolls Homeowners Association, Inc. and all their employees, agents, board members, volunteers and any and all individuals and organization assisting or participating in voluntary athletic or recreation programs of the Windsor Knolls Community (the “Releasees”) from, and waive any and all claims, right or action and causes of action against the Releasees that may have arisen in the past or may arise in the future, directly or indirectly, known or unknown, from personal injuries to myself/my child or property damage resulting from my/my child’s participation in the Windsor Knolls Community voluntary athletic or recreation programs. I understand that my/my child’s participation in these programs is voluntary and that I/my child are free to choose not to participate in said programs. I understand that the Releasees do not represent that its employees, agents, board members, volunteers or any other individuals assisting or participating in voluntary or recreation programs of the Windsor Knolls Community have expertise in diagnosing, examining or treating medical conditions of any kind or in determining the effect of any such injuries. I further grant permission for first aid to be given to myself/my child in an emergency, and I agree that I will be solely responsible for any medical cost which may arise as a result thereof or as a result of my/my child’s participation in the Windsor Knolls Community voluntary athletic ore recreation program. By signing this Form, I affirm that I have decided to allow myself/my child to participate in the Windsor Knolls Community athletic or recreation programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage I/my child may suffer in voluntary Windsor Knolls Community athletic or recreation programs. I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form.”

Parent Volunteer (Please Check One If Not Assisting Your Child)	<input type="checkbox"/> Course Monitor <input type="checkbox"/> Transition Area	<input type="checkbox"/> Registration <input type="checkbox"/> Food Table	<input type="checkbox"/> Finish Line <input type="checkbox"/> Set-Up/Clean-Up
Parent Signature _____		Date: _____	

MAKE CHECKS PAYABLE TO: The Patty Pollatos Fund, Inc. (a 501-c organization assisting families in Frederick County – more info at www.ppfinc.org)

PLEASE MAIL WITH PAYMENT TO: Debbie Hall, 3228 Winmoor Drive, Ijamsville, MD 21754
DUE DATE AUGUST 16th

ATHLETE NUMBER _____