



The Wyckoff Family YMCA & The Wyckoff-Midland Park Rotary Club Present



The 21st Annual

# Wyckoff/Franklin Lakes Triathlon

Saturday, June 14, 2003

Check In: 5:30 am, Race Begins 7:00 am  
Held at: The Indian Trail Club at Franklin Lakes, New Jersey



Wetsuits Permitted!



T-Shirts!

Prizes!



Computerized Timing with Split Times Using the ChampionChip Timing System from CompuScore!!

Clydesdale Division for Men /Athena for Women!! (Men over 190 lbs. /Women over 150 lbs.)

Swim 1/2 Mile ■ Bike 15 Miles ■ Run 5 Miles

Post-Race Award Ceremony at 9:45 a.m.

Trophies to the top 3 men & women overall, the top 3 men Clydesdale and women Athena finishers, and the 1st, 2nd, and 3rd place relay teams. Trophies will also be awarded to the 1st, 2nd, 3rd place male & female winners in each age category.

**ATTENTION RELAY TEAMS:** EACH MEMBER of a relay team must complete and sign a separate form in ink. Team applications must be submitted together in one envelope with team payment.

**Notes:** Race packets should be picked up prior to race day at the Wyckoff Family YMCA, 691 Wyckoff Avenue, Wyckoff, NJ between June 9-12 during regular business hours and on Friday, June 13 from 9:00 am—8:00 pm. **Event Held Rain or Shine.** Due to the nature of the event, we are unable to issue refunds. **NO RACE DAY REGISTRATIONS!** For the safety of all athletes, registration will close on Friday, May 30, OR upon maximum registration of 800 participants, whichever comes first.

Please note all submissions must have an **ORIGINAL SIGNATURE.** Copied or faxed signatures are **NOT ACCEPTABLE.** (Feel free to duplicate the form itself, but all registrations must have an original signature in ink.)

## Wyckoff Triathlon 2003 Official Entry Form

For Official Use Only:

Race Number: \_\_\_\_\_

PLEASE PRINT and return with checks made payable to:  
The Wyckoff Family YMCA, P.O. Box 203, Wyckoff, NJ 07481. For more information, call 201-891-2081.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ ZIP \_\_\_\_\_

D.O.B. \_\_\_\_\_ Sex: M F Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Age at 6/14/03 \_\_\_\_\_

Shirt Size: M L XL Entering as (circle one): Individual Team Clydesdale Elite\*

# Years Participated: \_\_\_\_\_ \*Wyckoff Tri—Men: 1:35 or better; Women: 1:40 or better.  
\*Other Tri—List Best Finish, Race Name, Date, and Race Time: \_\_\_\_\_

If you are entering as a team, list your teammates: \_\_\_\_\_

	Before 5/15/03	After 5/15/03
Individual Fee	\$70.00	\$80.00
Relay Team Fee	\$110.00	\$125.00

Please make checks payable to the Wyckoff Family YMCA.

Amount Enclosed: \$ \_\_\_\_\_

PLEASE READ CAREFULLY BEFORE SIGNING: In consideration of the acceptance by sponsors of my entry in the Wyckoff Triathlon, I \_\_\_\_\_ for myself, my heirs, executors and administrators hereby discharge The Wyckoff Family YMCA, The Wyckoff/Midland Park Rotary Club, the Indian Trail Club, Inc., Urban Farms, Inc., Bergen County Police Dept., Township of Franklin Lakes, their officers, directors, shareholders, the towns, county, state and/or district where the competition is held and all sponsors and producers of this event, their agents, representatives, successors and assignees, from all liabilities, actions, claims, demands, damages, costs and expenses, which I may now or in the future have against them or any of them arising out of my participation in the above mentioned Wyckoff Triathlon, including but not limited to all injuries that may be suffered by me. I attest and verify that, to the best of my knowledge, my physical condition and fitness are adequate for me to safely compete in the Triathlon distances mentioned above and that no physician or other qualified individual has advised me against competing in any portion of the Triathlon series, or the entire series itself, or any such similar activity. I grant my permission to all the foregoing to use photographs, motion pictures, recordings or any other record of my participation in the Triathlon for any legitimate purpose without remuneration.

ENTRANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ SIGNATURE OF PARENT OR GUARDIAN (If Under 18) \_\_\_\_\_