

Mail completed registration form with payment and signed waiver to **Cleveland County Family YMCA**  
**1350 Lexington Avenue, Norman, OK 73069**

**FEES/WAIVER**

USAT Member\* \$45.00

Non USAT Member \$55.00

**Add \$10.00 starting September 1, 2008.**

**Entry deadline 6pm September 19, 2008.**

**No race day registrations. No refunds**

**GENERAL INFORMATION**

The 7th Annual Tie-Dye Tri will be held on **Saturday, September 20, 2008** starting at 7:30am. This USA Triathlon sanctioned event will consist of a 500Y Snake Swim staggered at 15 second intervals, a 12 Mile Bike and a 5K Run. Race limited to first 250 entrants. **Chip Timing provided by DG Productions.** Group Sponsors reserve the right to postpone, cancel or modify the race due to weather or other factors beyond the control of the sponsors which might affect the health or safety of the participants.

**REQUIREMENTS**

1. All entrants must be 14 years of age by December 31, 2008.
2. Certified biking helmets **MUST** be strapped and worn throughout the race.
3. All bikes **MUST** be equipped with handle bar plugs.
4. All USA Triathlon rules apply.

**REGISTRATION INFORMATION**

To register after September 15, you must do so on line or in person at the Cleveland County Family YMCA. **Entry deadline 6pm September 19.** Non USAT Member fees include the required one day license fee of \$10.00. A \$10.00 late fee applies starting September 1. **NO RACE DAY ENTRIES WILL BE ACCEPTED. NO REFUNDS.**

**PACKET PICKUP**

**At check in on Race Day Only**

**USAT requires each athlete to show photo ID and current USAT membership card or proof of one day license before they will be given their packet.**

*All proceeds to benefit the CCF YMCA Camp Sunshine, our summer camp for children with special needs.*

TIE-DYE TRI REGISTRATION FORM

Name: \_\_\_\_\_

Last

First

MI

Address: \_\_\_\_\_

Street

City State Zip

Email: \_\_\_\_\_

Sex: M F Date of Birth: \_\_\_\_\_

Age on December 31, 2008 \_\_\_\_\_

Estimated 500Y Swim Time: \_\_\_\_\_ (Required)

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Emergency Contact/Phone: \_\_\_\_\_

Physicians Name & Phone: \_\_\_\_\_

T-shirt Size: M L XL XXL

\*USAT #: \_\_\_\_\_ (Required)

Expiration date: \_\_\_\_\_

Owner Chip #: \_\_\_\_\_

Check enclosed \$ \_\_\_\_\_

Send to: Cleveland County Family YMCA  
1350 Lexington Avenue  
Norman, OK 73069

**Entry will NOT be accepted without signed waiver.**

I, the undersigned, in consideration of my entry into the Cleveland County Family YMCA Tie-Dye Tri to be held Saturday, September 20, 2008 acting for myself, my heirs, personal representatives and assignees do hereby waive and release any and all claims and damages I may have against the YMCA Tie-Dye Tri and all participating sponsors and supporters for all claims, suits of law or equity for any injury, fatal or otherwise, which may result directly or indirectly from myself traveling to or from, or my participation in said contest. I also agree that the above mentioned organization shall not be responsible for any loss or losses of personal property which might occur while I am traveling to or from, or participation in said contest. I hereby authorize any licensed physician, EMT, or hospital to treat the minor named herein for the purpose of treatment of injuries from the Cleveland County Family YMCA Tie-Dye Tri.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Relationship to Minor

