



EVENT INFORMATION

Date: Saturday, June 17, 2017
Time: 8:00a.m.
Where: Nixa Community Center
701 N. Taylor Way
Nixa, MO
Who: Boys & Girls ages 7-15
& 16+ *OMC Super Sprint*
Entry fee: \$30 per athlete *thru June 10th, 2017*
\$35 from June 11, 2017
Contact: David Liss
Phone: (417)861-6019
eMail: NixaTriathlon@yahoo.com

<http://www.ccoptimist.org/triathlon>



AGE GROUPS

Juniors: 7-8 / 9-10
Seniors: 11-12 / 13-15
Adults: 16+ *OMC Super Sprint*

DISTANCES

100yd Swim / 5K Bike (3.1mi) / 1K Run (.62mi)
200yd Swim / 10K Bike (6.2mi) / 2K Run (1.2mi)
200yd Swim / 10K Bike (6.2mi) / 2K Run (1.2mi)

IMPORTANT INFORMATION

1. Packet pick-up will be held at The Nixa Community Center on Friday, June 16th from 3:00pm – 6:00pm. **The pre-race meeting will be held at the same location from 6:00pm – 6:45pm.**
2. No flotation devices are allowed.
3. Cyclists are **required** to wear their bicycle helmet **any time** they are on their bike; before, during or after the event. Helmets must be on and chin-straps fastened for safety. Racers in violation may be disqualified.
4. Race numbers must be visible on the front of the body during the bike and run sections of the race. Body marking of all athletes will be done Saturday morning.
5. All racers will receive a customized Nixa Youth Triathlon race shirt and all finishers will receive an **AWESOME** customized Nixa Youth Triathlon finisher's medal.
6. Awards will be given to the overall male and female finishers as well as first, second and third places in each age group. Results will be posted on the website soon after the race.

CHRISTIAN COUNTY OPTIMIST CLUB
EVENT

Serving the youth of Christian County since 2003





NIXA YOUTH TRIATHLON

REGISTRATION / WAIVER



ONE ENTRY FORM PER PARTICIPANT

Name: _____ M/F _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: (_____) _____

Emergency Contact Name & Phone: _____

eMail Address: _____

Birth Date: _____ Race Age: (**age as of 12/31/2017**) _____

Age Groups:	7-8	9-10	11-12	13-15	16+
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Shirt Size: Specify size of shirt by placing a checkmark in the corresponding box.	Child M	Child L	Adult S	Adult M	Adult L	Adult XL	Adult 2XL

All racers who register by June 10th are guaranteed a race shirt in their specified size. We will order additional shirts by predicting racer participation; however, those registering June 11th or after will receive shirts while supplies last.

Registration fee is **\$30 per athlete** – **\$35 per athlete from June 11th thru 16th, 2017**

***There will be NO Race-day registration.**

***16+ exhibition division will receive a t-shirt and finishers medal only – there will be NO placing or awards.**

Please make checks payable to: **Christian County Optimist Club**

Registration: Mail to:
Nixa Youth Triathlon
 4121 S. Fremont Suite 120
 Springfield, MO 65804

OR Drop off locations:
Nixa X Center



Bicycle Outlet



RELEASE: I hereby waive, release and discharge for myself, my heirs, executors, administrators, legal representatives, assigns and successors in interest (hereinafter collectively "successors") any and all rights and claims which have or which may hereafter accrue to me against the sponsors of this event, Christian County Optimist Club, the organizers and any promoting organizations, property owners, law enforcement agencies, all public entities, special districts, and properties (and their respective agents, officials, and employees) through or by which the events will be held for any and all damages which may be sustained by me directly or indirectly in connection with, or arising out of, my participation in or association with this event. I grant to the triathlon and its sponsors and licensees the exclusive right to the free use of my name, voice and/or picture in any broadcast, telecast, advertising, promotion or other account of this event. The race will be held rain or shine provided the course is safe (to be determined by race personnel). I acknowledge that my entry fee is non-refundable and non-transferable, even if the race is cancelled. PARENT OR GUARDIAN of a Minor: I, as parent or guardian of the above named minor, hereby give my permission for my child or ward to participate in the event(s) and further agree, individually and on behalf of my child or ward, to the terms of the above.

SIGNATURE OF PARENT OR GUARDIAN OF MINOR – OR PARENT PARTICIPANT:

_____ DATE: _____

Total Amount Enclosed:
\$ _____