



# Upper Saddle River Youth Triathlon 2010



## **Sponsored by:**

Dick Meighan Memorial Run, Inserra Shop Rite,  
USR Youth Guidance Council, Lion's Club, USR Recreation Commission,  
USR Women's Biathlon, S.R.V. Swim & Tennis Club, Park Ridge Cycle,  
TYD Footwear and Apparel, Stein's Gourmet Cafe  
Cliffside Park Eye Associates - Dr. Van Vinciguerra

**Saturday, June 5, 2010, 8:00 AM**

**Start - Saddle River Valley Swim & Tennis Club**

**Finish - Lions Memorial Park**

**8 to 10 yrs. (Age as of Race Day)** 75 meter swim, 2 mile bike, and 1K (.6 mile) run

**11 to 14 yrs. (Age as of Race Day)** 125 meter swim, 5 mile bike, and 2K (1.2 mile) run  
(This is a flat, fast, fun course!)

*All participants receive a t-shirt, water bottle,  
participation award, and an entry to win a Racing Bike,  
1st and 2nd place winners in each age group receive trophies*

**Registration Fee:** \$50 per participant **LIMITED TO FIRST 150 REGISTRANTS!!!**

**Checks Payable to:** USR Recreation Commission

**Postmark Deadline:** Friday, May 21, 2010

**Required meeting**

**and Packet Pickup: Cavallini School, Wednesday, June 2 @ 7:30 PM**

For course layout and more information visit

[www.usrtoday.org](http://www.usrtoday.org)

**Join us on Face Book - USR Youth Triathlon**

(201) 327-3634 or USRrecreation@aol.com



NAME \_\_\_\_\_ AGE (as of race day) \_\_\_\_\_ M/F \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

**Waiver Release: Parents must read and sign (please read carefully)**

I acknowledge that triathlon is an extreme test of a person's physical and mental limits and carries a potential for death, injury, and property loss. I HEREBY ASSUME THE RISK OF PARTICIPATION IN THE USR RECREATION YOUTH TRIATHLON. I hereby certify that my child is capable of safely participating in the event and has trained sufficiently to do so. I agree not to sue and to hold harmless any persons, sponsors, volunteers, participants, or the Boro of USR for any and all claims or liabilities that I've waived, released, or discharged herein. I hereby authorize medical treatment for any injuries sustained during this event. I understand and take full risk on behalf of myself and said minor.

PARENT NAME \_\_\_\_\_ PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Mail to: USR Youth Triathlon - USR Recreation Commission,  
376 West Saddle River Rd.,  
Upper Saddle River, NJ 07458**

*Note: No refunds or transfer of entries*

**LIMITED TO FIRST 150 REGISTRANTS!!!**