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Golden Corral	Sweet Frog
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Donnie Watson Cattle Company
in honor of loving sisters forever
Faith Brewer and Annette Watson

If you would like to be a sponsor for this event, please contact Robin Hatch at 336-625-1976.



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Randolph-Asheboro YMCA 14th Annual Kids Tri at the Y Saturday, June 3, 2017



FREE Community Event for Youth Ages 6-14

RANDOLPH-ASHEBORO YMCA
343 NC Hwy 42 N / PO Box 1152, Asheboro, NC 27203/4
www.RandolphAsheboroYMCA.com / 336.625.1976



Community Partner

SATURDAY JUNE 3, 2017

Check in begins at 8:00 am

First event begins at 9:00 am

After check-in bikes will be taken to transition area

Tri-athletes must be on the pool deck at 8:45am



COURSE LENGTHS

Age 6-8

Swim 25m, Bike ¼ mile, Run ¼ mile

Age 9-11

Swim 50m, Bike ½ mile, Run ½ mile

Age 12-14

Swim 100m, Bike ¾ mile, Run 1 mile



EQUIPMENT NEEDED

Bathing Suit, goggles, towel, socks, shoes, bicycle,
bike helmet, shorts & t-shirt

AWARDS

All participants receive a Medal, T-shirt, and Goody Bag at the awards ceremony. Ceremony is held on the Splash Pad for the entire family to enjoy!

REGISTRATION

Registration Begins May 1, 2017

Receive Information Pack upon Registration at Front Desk of the YMCA (map & race day instructions are located on our website under the Special Events tab)



For more information contact Robin Hatch at 625-1976 or visit our website (www.RandolphAsheboroYMCA.com)

Randolph-Asheboro YMCA
Kids Tri at the Y Registration Form
Saturday, June 3 - **FREE EVENT**

Name: _____

Age: _____ DOB: _____

Circle: Male / Female

Circle: Member / Non-Member

T-Shirt Size: (Circle)

YS(6-8) YM(10-12) YL(12-14) AS AM AL A2XL

Parent(s): _____

Phone: _____

Address: _____

City, State, Zip _____

Email: _____

AGREEMENT

I hereby certify that my child is in normal health and capable of safe participation in the Kids Tri at the Y. I assume all risks and hazards incidental to the conduct of this program and for the transportation to and from the program. In the event that I cannot be reached to make arrangements for emergency medical attention at the time of an illness or accident, I hereby authorize the Randolph-Asheboro YMCA to transport my child to the nearest medical facility for treatment deemed necessary.

Date: _____

Parent/Guardian Signature: _____

Detach and return to the Randolph-Asheboro YMCA

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