

# 2010 California Kids Triathlon

## Official Entry Form

### Sunday, August 8, 2010 • Woodland High School

Ages 4–17 Years • New Parent/Child Division • See [changeofpace.com](http://changeofpace.com) for age group distances

**STEP 1: SELECT DIVISION:** Individual Child:  6 & Under  7–8 yrs.  9–10 yrs.  11–12 yrs.  13–14 yrs.  15–17 yrs.  
Parent / Child:  4–6 years  7–10 yrs.

<b>STEP 2: ENTRY FEES:</b>	<u>July 24 &amp; earlier</u>	<u>July 25 – Aug 6</u>	<u>Aug. 7</u>	<u>Aug. 8</u>
One Child	\$40.00	\$45.00	\$45.00*	\$50.00*
Each additional sibling	\$35.00	\$40.00	\$45.00*	\$50.00*
Parent/Child Entry	\$70.00	\$80.00	\$80.00	\$85.00
Each Add'l Parent/Child Entry	\$60.00	\$70.00	\$70.00	\$75.00

\* Entries will only be accepted at Packet Pick Up and on Race Day if space remains. We do not suggest waiting until the last minute to register.

\*\* Scholarships are available. To apply for a scholarship, visit [changeofpace.com](http://changeofpace.com) for further info/how to apply.

\*\* Entries may be dropped off at Fleet Feet – Davis, located at 615 Second Street. Online registration is also available at [changeofpace.com](http://changeofpace.com) thru 5pm on Friday 8/6.

\*\* Bib Numbers and T-shirts are not mailed. They will be available at Packet Pick-Up (Sat., Aug 7) and on event day.

\*\* Please do not mail entries after Monday, Aug. 2, 2010.

\*\* Entries are not confirmed by mail or by e-mail. Visit [www.changeofpace.com](http://www.changeofpace.com) for a list of current participants.

\*\* Parent in parent/child division will receive a t-shirt as part of entry (but not a child's finisher's medal). Parent has option to either run or bike during child's bike leg (see website for more info).

**STEP 3: PARTICIPANT INFORMATION:** Please print clearly. One person per form, please. List each child on a separate form.

Child's First & Last Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Daytime Phone (\_\_\_\_\_) \_\_\_\_\_

Shirt Size: (Youth sizes): \_\_\_ Sm (6–8) \_\_\_ Med (10–12) \_\_\_ Lg (14–16) (Adult sizes): \_\_\_ Adult Sm \_\_\_ Adult Med \_\_\_ Adult Lg \_\_\_ Adult X–Lg

Gender:  Male  Female Age (on 8/8): \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_

\*\* E-mail used for ACOP race updates & California Kids Tri Race confirmation, receipt, updates, etc. It is not sold nor traded.

**Parent/Child Division Entrants only:** Select Parent's Shirt Size: Shirt Size: \_\_\_ Adult Sm \_\_\_ Adult Med \_\_\_ Adult Lg \_\_\_ Adult X–Lg

List Participating Parent's First & Last Name: \_\_\_\_\_

Where did you hear about this event? (Select all that apply)  Direct Mail  Picked up flyer at a retail store  At another event  School  Health Club

Friends/Family  ACOP Website/E-mail  Internet  Fleet Feet – Davis  Other: (Please list) \_\_\_\_\_

**STEP 4: READ AND SIGN THE WAIVER.** We cannot accept entries with unsigned waivers. Entries received with unsigned waivers will not be registered into the race.

I acknowledge that this waiver and release of liability form will be used by the event holders, sponsors, and organizers, including A Change of Pace Foundation, A Change of Pace Inc., The Woodland Joint Unified School District, the City of Woodland, the City of Woodland Police Department, in which I may participate and that it will govern my actions and responsibilities at this event. I certify that I am physically fit, have sufficiently trained for participation in this event, and have not been advised otherwise by a qualified medical physician. I hereby take action for myself, my executors, administrators, heirs, next of kin, and successors. I hereby Waive, Release and Discharge from any claims, losses, or liabilities for death, disability, personal injury, property damage, theft or damage of any kind resulting from my participation in this event. I also grant permission to use my picture in any broadcast, telecast, or photo taken at this event. I grant permission to post my race results at the event and on [www.changeofpace.com](http://www.changeofpace.com). I hereby certify that I have read this document and completely understand all of its contents.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Parent or guardian must sign & date this waiver.

### STEP 5: FEES

Entry Fee (see top): \$ \_\_\_\_\_

Cash  Check # \_\_\_\_\_

Sorry, no refunds, no credits and no transfers. Entry fees are not transferable to another person. Event occurs rain or shine.

Make checks payable to the  
A Change of Pace Foundation

Mail to:

California Kids Triathlon  
c/o A Change of Pace Foundation  
1260 Lake Blvd., #245  
Davis, CA 95616