**“I CAN” TRI-ATHLON**

**FOR KIDS WITH DIFFERENT ABILITIES**

**Sunday, July 21, 2019**

**Registration due July 3, 2019**

**Mail this entry form and $25 registration fee to:**

Miamibucs

℅ Riverside Developmental Disabilities

1625 Troy-Sidney Road

Troy, OH 45373

Please make checks payable to Miamibucs

**Important information for the Troy “I Can” Tri-athlon**

* All proceeds from the event benefit Miamibucs - An organization that provides trykes for children/adults with disabilities who live in Miami County. Checks can be made payable to Miamibucs.
* Order of events: Swim at the Troy Aquatic Park (25 yards), bike/tryke in the Hobart Arena Parking Lot (.2 miles or .4 miles), and run/walk/walker/gait trainer/roll (stroller or wheelchair) at Troy Memorial Stadium (.25 miles)
* A doctor will be available on site throughout this event along with numerous volunteers along the race course
* All participants must wear a flotation device in the pool, a swim diaper if bladder and bowel incontinent, provide own towel, and wear a helmet on bike/tryke
* All abilities are welcome as volunteers are available to assist children of all abilities to participate successfully in all areas of the course. 2 volunteers are required for each participant. Volunteers will be provided unless a family member 18 years or older prefers to assist. Specific swim volunteers will be in the water to help assist swimmers of all abilities, even those children with no swimming experience.
* It is important to arrive early and have your bike/tryke (and helmet) and walking gear set in transition
* Packet Pick Up – Saturday, July 20, 2019   3:00pm – 5:00pm at the Troy Aquatic Park (460 W. Staunton Dr. Troy, OH) or Sunday July 21, 2019 from 9:00-9:30 at the Troy Aquatic Park entrance

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**“I Can” Tri-athlon ENTRY FORM (one entry form per child)**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AGE AS OF JULY 15, 2018\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_BIRTH DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_GENDER (circle one)    MALE FEMALE

DIAGNOSIS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRECAUTIONS: Ex: asthma, seizure disorder \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DIETARY RESTRICTIONS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT: (Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Cell)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BIKE/TRYKE COURSE SELECTION (Circle one): SHORT COURSE (.2 miles) LONG COURSE (.4 miles)

PARTICIPANT T-SHIRT (Circle one)    YOUTH S YOUTH M  YOUTH L ADULT S ADULT M   ADULT L ADULT XL ADULT XXL

PARENT/GUARDIAN SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_