



# 2020 Burlington Youth Triathlon



**June 28, 2020**

**Dankwardt Park:**

**2700 Block S. Main St., Burlington, IA**

Swim, bike, and run! Great River Health System and Team BEAST will host the 12<sup>th</sup> annual Burlington Youth Triathlon featuring *chip timing*. Certified lifeguards will be in the pool area. A **bike helmet is required at all times while on the bike**. No drafting is allowed. A water station will be located near the transition area. Parents will be allowed into transition prior to the race.

**Distances**

Age	Swim	Bike	Run
7-8	50yd.	1.7 mi.	1/4mi.
9-11	100yd.	3.3 mi.	1/2mi.
12-14	200yd.	4.9 mi.	1mi.

Teams will compete in age division of oldest team member

**Contact Info:**

**Email:** kevinbrueck@aol.com  
**Phone:** 319.209.1269 (Kevin Brueck)  
**Online:** www.teambeast.org  
**Interested in Volunteering?**  
**Email:** kevinbrueck@aol.com

**Fees (Non-refundable): Individual:** \$20 received by or on **6/7/20** or \$25 **after 6/7/20**

**Team:** \$45 received by or on **6/7/20** or \$60 **after 6/7/20**

**\*\*NO RACE DAY REGISTRATION\*\***

**Packet Pick-up and Site Orientation: Friday, June 26th, 2020, Dankwardt Park**

**(Optional, but recommended):**

6:00-7:00 p.m.: Registration and packet pick-up

**Race Day Schedule (rain or shine):**

7:00-8:15 a.m.: Packet pick-up

8:00 a.m.: Transition opens

8:40 a.m.: Transition closes

8:45 a.m.: Pre-race meeting

9:00 a.m.: \*Race starts

\*Staggered start by age group

**Make Checks Payable to:**

Team BEAST  
2821 Herblo Drive  
Burlington, IA 52601

**\*\*Online registration available at [www.getmeregistered.com](http://www.getmeregistered.com)\*\***

**\*\*Check us out for race info: [www.facebook.com/BurlingtonYouthTriathlon](https://www.facebook.com/BurlingtonYouthTriathlon)\*\***

**Circle One:**    **Individual**    *or*    **Team**    **Team Name:** \_\_\_\_\_

**Team Event (Circle One):**    **Swim**    **Bike**    **Run**

**Participant's Name:** \_\_\_\_\_

**Age (as of 6/28/20):** \_\_\_\_\_    **Boy** \_\_\_\_\_    **Girl** \_\_\_\_\_

**Address:** \_\_\_\_\_    **City:** \_\_\_\_\_    **State:** \_\_\_\_\_    **Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_    **Phone:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_    **Phone:** \_\_\_\_\_

**Technical Shirt Size:**    *Youth:*    **S (6-8)**    **M (10-12)**    **L (14-16)**    *or*    *Adult:*    **S**    **M**    **L**    **XL**

**Total Enclosed: \$** \_\_\_\_\_    **\*\*Shirts are not guaranteed after June 7, 2020\*\***

*"I hereby give permission for my child to participate in the Burlington Youth Triathlon and certify that he/she is physically fit for this activity. I understand Great River Medical Center and other sponsors of this program do not carry health/accident insurance to cover participants in all programmed activities. I will not hold the City of Burlington or other sponsors responsible in case of accident or injury that could occur. I grant Team BEAST the right and authority to photograph, film, or record vocally me or my child. These records may be used for promotional or publicity purposes."*

Parent/Guardian Signature (required)

Date