

Sponsored by the Western Pennsylvania Jewish Sports Hall of Fame

Indoor Triathlon

Sunday, January 28

Registration: 11:30 am Start time: Noon

Swim

Kids and Older Adults
250-yard swim
(10 lengths)

Adults
500-yard swim
(20 lengths)

Bike

Kids and Older Adults
2 miles

Adults
4 miles

Run/Walk

Kids and Older Adults
1 mile

Adults
2 miles

Parent/child teams

- Only one parent and child per team
- We encourage both parents and children to participate in every event
- You must participate in all events to be eligible for placement award
- Team members may compete on one team only. They may, however, also compete individually.

Age groups

- Section A (Kids):
Ages 8-13, 14-17
- Section B (Adults)
Ages 18-35, 36-59
- Section C (Older Adults):
Ages 60+

Awards

Award ceremony and reception to follow from 2:30-3 pm.

Open to the community!

FITNESSES

Contact Natalie Parker
412-278-1790
nparker@jccpgh.org

**JCC
PGH**

Registration Indoor Triathlon

Please make checks payable to the Jewish Community Center and return to:
**Jewish Community Center of
Greater Pittsburgh • Attn: Natalie Parker
345 Kane Blvd., Pittsburgh, PA 15243**

Before January 28

\$15/person

Drop-In

\$20/person

Families (any date)

\$25

Name _____ Age _____ M F

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Age Group _____ Section _____ T-shirt size _____

If you are a parent/child team, your child's name _____ Age _____

Membership # _____ Exp. date ____/____/____

Please charge my: Visa Mastercard AMEX Discover Amount enclosed \$ _____

Account # _____ Date ____/____/____

Signature _____

In consideration of the JCC accepting this entry, I hereby for myself, my heirs, executors and administrators, release any and all claims and rights or damages I may have against the organizers, JCC staff and sponsors of the JCC Indoor Triathlon, for any and all injuries suffered by me in said event. I attest and verify that I am physically fit and have sufficiently trained for the completion of this event and that a licensed medical doctor has certified my physical condition. Furthermore, I hereby grant full permission to any and all of the foregoing to use my name, photographs, videotapes, motion pictures, recordings and any other record of this event for any legitimate purpose without charge.

Signature _____ Date ____/____/____

