



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

IMPROVING THE NATION'S HEALTH AND WELL-BEING

Biathlon 2010 AND 5k WALK/RUN

OCTOBER 2, 2010

Time schedule: Pre-Race meeting: **Biathlon** - 7:30 a.m. Race starts at 8:00 a.m.

Time schedule: Pre-Race meeting: **5K Walk/Run**- 8:30 a.m. Race starts at 9:00 a.m.

Course and Info: Course will start and finish at the Champaign Family YMCA. Bike/Run will utilize scenic bike trail.

Biathlon Adult: 16 yr. & up 12 mile Bike ride / 10K Run

Youth Biathlon: 6 yrs-15 yrs 3.1 Bike ride / 1 mile run

5k Adult: 13 yrs. & up 5k Run

Youth 5K: 6 yrs-13 yrs 3.1 mile run or 1 mile walk

Entry Fee: Biathlon \$25 per Person

5K walk/Run - \$25. Per person / \$15. Per person with team of 5. All team members need to fill out registration form and mail or drop off together. T-Shirts guaranteed for registrations postmarked by September 24th. No refunds on registrations

Prizes: Medals will be awarded for the top 3 in each age group. Trophies awarded to overall top man and woman.

*Prizes not awarded for 1 mile fun walk.

Age Groups: Biathlon Adult: 16-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60+

Biathlon Youth: 6-9, 10-12, 13.-15 yrs.

5K walk/ Run Adult: 13-15, 16-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60+

5K Walk/Run Youth: 6- 9, 10- 12 yrs.

-----Entry Form-----

Entry Information:

Please Circle one: Biathlon Adult, Biathlon Youth, 5K Adult, 5K Youth

T-SHIRT (CHECK ONE) YS___ YM___ YL___ AS___ AM___ AL___ AXL___

Please Print:

Name: _____ **Sex:** ___ **Age:** ___ **Member:** Y N

Street: _____ **City & State:** _____

Phone: _____ **Email:** _____

I hereby for myself and my executors release the YMCA, race staff, City of Urbana, and sponsors of the race from all claims of injury, damage, and courses of action whatsoever growing out of my participation in the event. I hereby certify that I am physically fit to participate in the race and that I am aware of the possible hazards of participating in this event.

Signature: _____ **Date:** _____

Parent's Signature if Under 18: _____