

Multi Sports Series Event

Chichester Junior Aquathon (Swim & Run)

Sunday 19th July 2009 Start Time: 2.30pm First Wave Chip Timed

Cost: £10 B.T.F Member, £12 Non B.T.F Member

Please make cheques payable to: **Chichester District Council. Closing date for entries: 10.07.09 or sooner if event is full.**

Prizes: 1st and 2nd male & female in each age group. 1st and 2nd School team made up of the top three finishing positions.

Distance Category

Category	Age on race day	Swim (Lengths)	Run (approx)
Tristar Start	8yrs	66m (2)	600m
Tristar 1	9 - 10yrs	133m (4)	1.5k
Tristar 2	11 - 12yrs	200m (6)	2k
Tristar 3	13 - 14yrs	333m (10)	3k
Tristar 4	15 - 16yrs	400m (12)	3k

(The distances are based on those recommended by the British triathlon association) Westgate Leisure pool length is 33.3m



Parent/Guardian emergency contact details: Name: _____

Address: _____

_____ Tel. No: _____ Relationship: _____

please tick where appropriate

Competitors Name: _____ Male Female

School: _____ Tristar category: _____

Home Tel No: _____ Mobile No: _____

Email: _____ Age: _____ Date of Birth: _____

BTF Number: _____ Swim Time for distance: _____

Club: _____ T- Shirt Size: S M L

Are you part of the South East Region? Yes No

**Contact: Amy Roots, Sports Development Officer on 01243 534871 or
Mike Cooper at Westgate Leisure Chichester on 01243 839978 Ext 1108 for more information**

Send Entries to: **Westgate Leisure Chichester, Via Ravenna, Chichester, West Sussex, PO19 1RJ
with 1 Large A5 Stamped Addressed Envelope** so we can send you race details, maps, etc.

Please read and sign Race Declaration below. Encashment of your cheque confirms your entry in the event.

OFFICE USE ONLY

Race No:

Wave Time:

Payment received:

£

Paid by:

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Parental Consent: I understand and agree my child participates in the event entirely at their own risk and I know of no physical or mental conditions which may endanger my child/ren when competing. I understand that it is the competitor's responsibility to navigate the course and complete the required number of laps for each section. I accept that the organizers, Chichester District Council, school, volunteers and officials will not be responsible for any loss or injury sustained to my child/ren and his/her supporters before, during or after the event.

Signed: Date:

PHOTO CONSENT

Please tick to give consent in order for Chichester District Council to use photographic images of your son/ daughter taking part in this Sport & Leisure initiative. The photographs may be used in relevant publications such as Initiatives magazine, the Observer newspapers or Council strategy documents.

I enclose a Cheque for £

Signed: Parent/Guardian Date: / /

Please advise us of any details, medical or otherwise, that you would like the organisers to be aware of. You should include details of any medication your child is taking:

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It is essential we have a contact number at all times. Please state any other contact name and numbers you may feel are appropriate:

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**Please return this Entry Form with your cheque to:
Westgate Leisure Centre, Via Ravenna, Chichester, West Sussex PO19 1RJ**



Chichester District Council
www.chichester.gov.uk

