



Local Ambulance Committee

Community Partnership



**SUNDAY 24<sup>th</sup> of March 2019**

**Presented by Charleville Local Ambulance Committee**

**CHARLEVILLE TRIATHLON INDIVIDUAL CATEGORIES**

**6 & Under**

**7 - 9 year olds**

**10 - 12 year olds**

**13 - 15 year olds**

**Adult (Male)**

**Adult (Female)**

**Adult (Mini – Male & Female)**

**Have A Go Triathlon**

**50m swim / 3km cycle / 500m run**

**100m swim / 6km cycle / 1km run**

**200m swim / 9km cycle / 2km run**

**400m swim / 15km cycle / 3km run**

**300m swim / 11km cycle / 2km run**

**200m swim / 6km cycle / 1km run**

**TEAM CATEGORIES**

**Kids (13 and under)**

**Adult Mini Team**

**Adult Open**

**100m swim / 3km cycle / 1km run**

**200m swim / 6km cycle / 1km run**

**400m swim / 15km cycle / 3km run**

**ENTRY FEES**

**Individual Kids (6 & Under) - \$5**

**Individual Kids (7 -15) - \$10**

**Individual Adult - \$20**

**Kids Teams (13 and under) - \$15**

**Adult Teams - \$45**

**Held at the Charleville Swimming Pool. Pool opening at 6:00am for this event**

**Adult Male Individual starts at 6:30am**

**PLEASE NOTE: Children need to arrive around 8:00am for nominations**

**For Information Contact:**

Robert Eckel 0428 541 358

Melinda Brassington 0404 839 410

[charvilletriathlon@gmail.com](mailto:charvilletriathlon@gmail.com)

# Prizes:

## **Individual Adult (Male and Female)**

**1<sup>st</sup> Medallion + Prize money**

**2<sup>nd</sup> Medallion + Prize money**

**3<sup>rd</sup> Medallion + Prize money**

## **Individual Adult (Mini Triathlon – Male and Female)**

**1<sup>st</sup> Medallion + Prize money**

**2<sup>nd</sup> Medallion + Prize money**

**3<sup>rd</sup> Medallion + Prize money**

## **Kids Age Groups (Individual & Team)**

**1<sup>st</sup> Medallion + Prize**

**2<sup>nd</sup> Medallion + Prize**

**3<sup>rd</sup> Medallion + Prize**

## **Adult Teams**

**1<sup>st</sup> Medallion + Prize money**

**2<sup>nd</sup> Medallion + Prize money**

**3<sup>rd</sup> Medallion + Prize money**

### RULES

#### **SWIM**

Swim Caps must be worn. No fins allowed. Competitors must be competent swimmers of the specified distance.

#### **CYCLE**

Any bike in roadworthy condition may be used. A bike helmet approved by a nationally accredited testing authority recognised by an affiliated national triathlon federation must be worn and fastened at ALL times while the bike is un-racked. Any person not wearing an approved helmet will not be able to start the event. Upper torso must be covered during cycle & run. Competitors are responsible for maintenance/repairs of their own bicycles.

**NB.** Riders **12 years and under** must only ride Mountain or BMX bikes (this excludes road bikes).

#### **RUN**

No form of locomotion other than running or walking is allowed. No individual support vehicles or escort runners are allowed. Running in bare feet is not allowed.

#### **TRANSITION**

Bikes cannot be ridden in the transition area. Only race gear and race clothing is to be left in transition area. Bikes must be placed in correct bike stand after bike section. No race clothing or helmets may be discarded on course or transition area other than at your own bike location.

#### **SAFETY ADVICE**

Drink plenty of fluid before and after the event, and don't forget to SLIP, SLOP, SLAP, SEEK, SLIDE.

#### **OTHER**

Competitors are expected to follow the directions of ALL race officials. Good sports-like conduct will be demanded of all participants. If you withdraw from the race, please notify an official.

**All Road Rules must be obeyed whilst on the cycle leg.**

**Parents/guardians are to remain in attendance at all times during this event.**

**CHARLEVILLE TRIATHLON - OFFICIAL ENTRY FORM****Individual**

	First Name	Surname	DOB	Age @ 24.3.19	Postcode	Contact No.	Email:

Age Group (calculated @ 24/3/2019) please Circle:

Children Individual 6 &amp; Under male/ 6 &amp; Under female 7-9 male/ 7-9 female 10-12 male/ 7-9 female 13-15 male/ 13-15 female

Adult Open Individual Male/ Adult Open Individual Female

Adult Mini Individual Male/ Adult Mini Individual Female

**Team**

Teams can nominate a competition name here:

Please Circle	Kids Team	Adult Mini Team	Open Team				
LEG	First Name	Surname	DOB	Age @ 24/03/19	Postcode	Contact No.	Email:
Swim							
Bike							
Run							

**OPTION FOR PAYMENT**

MAIL: Complete all details and send form, with payment to the, Charleville Local Ambulance Committee, PO Box 461. Charleville Qld 4470. Please make all cheques payable to **Charleville Local Ambulance Committee**.

DROP IN: Entry forms along with payment can be dropped into either Robert Eckel Repairs or the Charleville Pool.

ELECTRONIC: Nominations can be completed online or emailed to [charlevilletriathlon@gmail.com](mailto:charlevilletriathlon@gmail.com) with payment made on the day or transfer to **QAS Charleville Ambulance Committee BSB 064 407 Account Number 00050390**. Please ensure if transfer is being made that this has cleared prior to 24/3/19 or proof of transfer would be appreciated on the day. Please use the competitors name as a reference.

**Early entries received before the day of the event would be appreciated.**

**ENTRY FEE PAID: \$..... Signature .....**

WAIVER, RELEASE AND ACKNOWLEDGEMENT (MUST BE SIGNED BY PARENT/GUARDIAN OF PARTICIPATING ATHLETE)

\* WARNING: this is a legal document which affects your rights.\*

- I, whose signature appears on the bottom hereof in consideration and as condition of acceptance of my child's entry in the Charleville Local Ambulance Committee Triathlon for myself, my heirs, executors and administrators, hereby waive all and any claim, right of cause of action which I or they might otherwise have for or arising out of loss of my life or injury, damage or loss of any description whatsoever, which they may suffer or sustain in the course of or consequent of my entry or participation in the above race, they will abide by the Race Rules governing these events.
- This waiver, release and discharge shall be and operate separately in favour of all persons, corporations and bodies involved or otherwise engaged in the promoting or staging of the event and the servants agents representatives and officers of any of them and includes, but is not limited to Charleville Local Ambulance Committee Triathlon Event Sponsors, Directors, Volunteers and Shire Council.
- I attest that my child is physically fit and has sufficiently trained for completion of the entered race.
- I consent to my child receiving medical treatment, which may be advisable in the event of illness or injuries suffered by them during this event.
- I give permission for the free use of my child's name, voice or picture in any broadcast, telecast, advertising promotion or other account of this event.
- Should the event be cancelled for any reason whatsoever I understand that entry fees will not be refunded and that no liability of any kind will attach to any person, corporation or body involved of otherwise engaged in promoting or staging of this event. I agree to abide by the conditions of the event as stated in the declaration above and upon literature and other material distributed in connection with the event.

No.	Parent /Guardian Name	Parent / Guardian Signature:	Date:
1			
2			
3			

