



## Join the Arlington Triathlon Club at Long Branch!

Triathlon is a fun sport consisting of a swim, bike ride, and a run to the finish. It's a great way to get fit, be healthy, or get stronger at other sports. The award-winning Arlington Triathlon Club program also includes nutrition and training principles. This program began at L.B. 18 years ago!

Our **mandatory** swim test will be Saturday, March 26th at 7:30 am at Washington-Liberty High School Pool. We will have a **mandatory** parent meeting at about 8 a.m. or so. We will train 3x per week for our youth race in June (tentative) at W-L. The Club is open to all 3-5th graders who can swim 25 yards and ride a 2-wheel bike. Membership costs \$350 for the entire program **including about 30 training sessions + race registration (worth \$75)**. Each child also will need a 1-year youth membership to USA Triathlon (\$10.00). Club members receive team t-shirts, uniform subsidy and other goodies.

The program is led by USA Triathlon-certified coaches. Athletes need a bicycle, running shoes, a swimsuit, and goggles, a positive attitude and the desire to succeed. Please contact the coach if you do not have a bicycle and we will try to help you. We meet Tuesdays & Thursdays at 7:30 am at Long Branch to run and bike. We meet Saturdays at 7:30 -9:00 a.m. at W-L High School to swim & run.

Please download and submit the form on our website along with payment as soon as possible. Email Coach Merson at [arlingtontriathlonclub@gmail.com](mailto:arlingtontriathlonclub@gmail.com) with any questions. Race information will be posted at: [www.triathlonfamilyusa.com](http://www.triathlonfamilyusa.com)





## 2022 Arlington Triathlon Club Registration

NAME: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

BEST PHONE No: \_\_\_\_\_ AGE ON 12/31/22 \_\_\_\_\_ GENDER: M / F \_\_\_\_\_

### PARENT CONTACT INFORMATION:

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

Health Insurance: POLICYHOLDER NAME: \_\_\_\_\_ CARRIER: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_ PHYSICIAN: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

Parents will be required to sign standard USA Triathlon waiver. Parents: Please indicate if you are available to help out at any training sessions (No experience necessary!)

**Tell us about yourself (hobbies, sports, multisport history, etc.):**

**Medical issues/allergies, we should be aware of? If so, provide details:**

**Please bring form with \$350 check payable to: TRIATHLON FAMILY USA, INC. to the parent meeting March 26th. Registrants after that date should mail checks to: 960 Lantern Ln, Vero Beach, FL. 32963**



**CERTIFIED COACH**



**OFFICIAL CLUB**