



2025 Capital City Kids' Triathlon

SATURDAY, AUGUST 23, 2025

Carson Aquatic Facility and Mills Park, 841 N. Roop St.

REGISTRATION:

- \$30 per participant: turn in the bottom portion of this form to the Front Desk at the Carson Aquatic Facility or follow this link to sign up: [2025 Capital City Kids Triathlon](#)
- Each participant will receive a T-shirt and a finisher medal and goody bag!!
- **MORE INFORMATION at TIGERSHARKS.ORG**

Start Times	Age group	Swim	Bike	Run
8:00 AM	11-14	200 yards	2 miles	1 miles
8:30 AM	9-10	100 yards	1 mile	0.5 miles
9:00 AM	7-8	50 yards	0.8 miles	0.4 miles
9:20 AM	4-6	25 yards	0.4 miles	0.2 miles

SAFETY:

- Helmets are mandatory!
- Children 6 and under are allowed assistance in the pool and transitions.

Checks payable to: Carson Tigersharks

Name of Racer _____ Date of Birth: _____ Age: _____ Gender: _____

T-Shirt Size: Youth: XS S M L XL Adult: S M L XL XXL

Full Name Parent/Guardian: _____

Residential address: _____ City/ST _____ Zip _____

Phone: _____ E-Mail _____

In consideration of the participation of the above-named minor child in the Carson City Recreation Division sponsored program, I hereby agree to the following: I acknowledge, understand and accept that there are inherent risks associated with participation in this program and that doing so could result in an injury or damage. I acknowledge the fact that Carson City Recreation Division does not provide accident insurance to its program participants. I certify that, to the best of my knowledge, my child or ward is physically fit, and should this condition change at any time during the program, I will notify the administration of the Recreation Division immediately. I agree to abide by all posted, written, or verbally communicated rules and regulations administered by the Recreation Division staff concerning this program. I agree to indemnify and hold harmless and blameless Carson City, its officers, employees, or agents, from any and all liability from damages, loss or injuries, either to persons or property which said minor may sustain while engaged in the program or in connection with Carson City. I agree to reimburse or make good any loss, damage or cost that the City may have to pay if any litigation arises on account of any claim made by said minor or anyone in said minor's behalf, resulting directly or indirectly from said minor's participation in the program. I further agree, in case of injury, illness, or other actions requiring parental permission, the Recreation Division and staff shall have authority to act for me in the event that I cannot be reached. I understand there will be no refunds. Enrollment is limited. I authorize the Recreation Division to take, display and publish photographs, slides, or videotapes for promotional and/or educational purposes. I have read, understand and accept the terms of this participant's agreement as outlined.

Parent or Guardian Signature: _____

Date: _____