Does your child like to swim, bike, and run? Then join us for Exercise to Achievement at Harbor Athletic Club!

What is Exercise to Achievement?

- ★ An eight-week training program to prepare kids ages 5-14 to participate in the **Middleton Kids Triathlon on August 19**
- ★ Provides physical training in addition to social/emotional, and fitness/wellness topics
- ★ A partnership between Harbor Athletic Club and Tri 4 Schools, a local non-profit dedicated to getting kids active while supporting school wellness efforts

How to Register:

- ★ Register online by June 9:
 - http://www.tri4schools.org/events/exercise-achievement/
- ★ Paper registration forms available at Harbor Athletic Club. Checks can be made payable to Tri 4 Schools
- ★ Cost: \$100
 - Includes your entry fee to the Tri 4 Schools Middleton Kids Triathlon on August 19
 - Each participant receives a t-shirt, water bottle, swim cap, and healthy snacks

Program Curriculum:

Physical

- Biking
- Swimming
- Running
- Strength Training

Social & Emotional

- Courage
- Perserverance
- Respect
- Caring & Kindness
- Judgement
- Enthusiasm
- Integrity
- Confidence

Fitness & Wellness

- Nutrition
- Running Form
- Breathing
- Water Safety
- Pacing
- Hydration

WHEN AND WHERE:

Harbor Athletic Club

- ★ June 19 August 23 (no practice on July 3, July 5, or August 21)
- ★ Mondays and Wednesdays from 12:30-2:00



WHY PARTICIPATE?

- ★ Improve fitness levels
- ★ Develop healthy habits that last a lifetime
- ★ Gain an all-encompassing view of being healthy including nutrition and mindfulness
- ★ Complete a Tri 4 Schools Triathlon!

QUESTIONS?

- ★ For more information, contact Melissa Lindemann at mlindemann@tri4schools.org
- ★ Visit <u>www.tri4schools.org</u> to learn more about Exercise to Achievement and the Middleton Kids Triathlon
- ★ This is not a school-sponsored activity and the Middleton-Cross Plains Area School District does not provide support or endorsement of this program/activity. It has neither reviewed nor approved the program, personnel, or activities announced in this brochure/flyer.

| Name of participant | | | Age | | Gender | | | |
|---|------------------------|------------|----------|-----------|-----------|-----------|-----------|----------|
| Date of Birth | T-shirt size: YXS | YS | ΥM | YL | AS | AM | AL | AXL |
| Address | City_ | | y | | | Zip code | | |
| Phone number | Email | | | F | Race/Eth | nicity | | |
| Emergency contact | | | Eme | ergency (| Contact I | Phone | | |
| Medical Concerns | | | | | | | | |
| | | | | | | | | |
| Please answer the questions and check the appropriate box: | YES | | | NO | | | | |
| Does your child have a bike? | | | | | | | | |
| Does your child have a helmet? | | | | | | | | |
| Does your child have a swimsuit? | | | | | | | | |
| Does your child have shoes for running? | | | | | | | | |
| Has your child had swimming lessons? | | | | | | | | |
| | | | | | | | | |
| f your child will need running sh We may be able to help with equip | • | | ase spec | ify sizes | here: | | | |
| Please rate how comfortable you | r child is with swimmi | ng (circle | one): | | | | | |
| Cannot be in the water without a | | | • | • | • | | | |
| Novice: they can splash, kick and contract in the contract in the can stay afloat/start in the can start in t | · · · · | | | - | | - | | , cocon, |
| NOT need to swim with a float, they | | | | • | | or more t | nan a iew | Secon |

Advanced: member of the swim team, took swimming lessons for at least 6 months, they are comfortable swimming in the deep end of a pool

Which kind of bike is your child most comfortable riding (circle one):

Balance Bike Training Wheeled-bike Two Wheel Bike

Are you able to get your child's bike to school for the three bike practice days?

YES

NO

Which distance of the triathlon do they want to complete? CIRCLE SHORT, MED, OR LONG Distance:

| Distance | Swim | Bike | Run |
|-------------------------------------|---------|---------|----------|
| Short | 25 yds | .5 mile | 1/4 mile |
| Medium (No flotation devices | 50 yds | 2 miles | ½ mile |
| allowed) | | | |
| Long (No flotation devices allowed) | 100 yds | 4 miles | 1 mile |

TRI 4 SCHOOLS, INC. REGISTRATION AGREEMENT AND LIABILITY WAIVER

1. Authority to Register and/or to Act as Agent. You represent and warrant to Tri 4 Schools, Inc. that you have full legal authority to complete this registration on behalf of yourself and/or any party you are registering (the "Registered Parties"), including full authority to make use of the credit or debit card to which registration fees will be charged. As used in this Agreement and Waiver, Tri 4 Schools refers to Tri 4 Schools, Inc., a Wisconsin corporation and any and all subsidiaries, affiliated entities, or entities that control or are controlled by Tri 4 Schools, Inc., singly or together and its officers, employees, contractors, subcontractors and agents.

If you are registering a child under the age of 18 or an incapacitated adult, you represent and warrant that you are the parent or legal guardian of that party and have the legal authority to enter into this agreement on that party's behalf and by proceeding with this event registration, you agree that the terms of this Agreement and Waiver shall apply equally to all Registered Parties. By registering a child under 13, you agree and consent to the collection of that child's information which you provide for the purposes of registration.

2. Waiver. YOU UNDERSTAND THAT PARTICIPATION IN THE PROGRAM AND EVENT IS POTENTIALLY HAZARDOUS AND THAT A REGISTERED PARTY SHOULD NOT PARTICIPATE UNLESS THEY ARE MEDICALLY ABLE AND PROPERLY TRAINED. YOU UNDERSTAND THAT PORTIONS OF THE PROGRAM AND EVENT MAY BE HELD OVER PUBLIC ROADS AND FACILITES OPEN TO THE PUBLIC AND UPON WHICH HAZARDS ARE TO BE EXPECTED. PARTICIPATION CARRIES WITH IT CERTAIN INHERENT RISKS THAT CANNOT BE ELIMINATED COMPLETELY. SUCH RISKS MAY RANGE FROM MINOR INJURIES TO CATASTROPHIC INJURIES INCLUDING DEATH.

YOU UNDERSTAND AND AGREE THAT, IN CONSIDERATION OF BEING PERMITTED TO PARTICIPATE IN THE PROGRAM AND EVENT, YOU AND ANY REGISTERED PARTY, THE HEIRS, PERSONAL REPRESENTATIVES OR ASSIGNS OF YOU OR THE REGISTERED PARTY DO HEREBY RELEASE, WAIVE, DISCHARGE AND CONVENANT NOT TO SUE OR BRING ANY ACTION AGAINST TRI 4 SCHOOLS FOR ANY AND ALL LIABILITY FROM ANY AND ALL CLAIMS ARISING FROM PARTICIPATION IN THE EVENT BY YOU OR ANY REGISTERED PARTY. YOU UNDERSTAND THAT THIS WAIVER INCLUDES ALL CLAIMS, WHETHER CAUSED BY NEGLIGENCE, THE ACTION OR INACTION TO TRI 4 SCHOOLS, OR OTHERWISE.

- **3. Applicable Law.** The statutes and laws of the State of Wisconsin, without regard to the conflict of laws principles thereof, will apply to all matters relating to this event registration, this Agreement and Waiver.
- **4. Severability.** You further expressly agree that this Agreement and Waiver is intended to be as broad and inclusive as is permitted by the law of the State of Wisconsin and that if any provision of this Agreement and Waiver shall be found to be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Agreement and Waiver and shall not affect the validity and enforceability of any remaining provisions.

BY INDICATING YOUR ACCEPTANCE OF THIS AGREEMENT AND WAIVER, YOU ARE AFFIRMING THAT YOU HAVE READ AND UNDERSTAND THIS AGREEMENT AND WAIVER AND FULLY UNDERSTAND ITS TERMS. YOU UNDERSTAND THAT YOU ARE GIVING UP SUBSTANTIAL RIGHTS, INCLUDING THE RIGHT TO SUE OR BRING ANY LEGAL ACTION AGAINST TRI 4 SCHOOLS. YOU ACKNOWLEDGE THAT YOU ARE SIGNING THE AGREEMENT AND WAIVER FREELY AND VOLUNTARILY, AND YOU INTEND THIS AGREEMENT AND WAIVER TO BE, BY YOUR ACCEPTANCE, A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

TO

| * [INITIAL HERE INDICATING THAT YOU HAVE I | READ AND UNDERSTAND THIS PARAGRAPH] I HAVE |
|---|--|
| CONSIDERED THAT IF THIS WAIVER AND AGREEMENT | WERE NOT AS BROAD AS IT IS, THE COST FOR MY |
| PARTICIPATION IN THIS PROGRAM AND EVENT WOULD | D BE CONSIDERABLY HIGHER, AND AS I DO NOT WANT |
| PAY A HIGHER COST, I WAIVE THE RIGHT TO BARGAIN | FOR DIFFERENT WAIVER OF LIABILITY TERMS. |
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| | |
| Please Print Name of Participant | |
| | D . |
| | Date: |
| Signature of Participant or Parent/Guardian (if client under 18) | |
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| Division of the second of the | |
| Print Name of Person Signing if a Parent/Guardian | |