

The Rock N' Route triathlon will challenge you with the best Derby has to offer. In 2010, this second year event hosted many first time tri-athletes as well as a variety of seasoned veterans. This tri has something to offer for all levels! Swim waves start at 7am. Chip timing will be used. The triathlon will consist of a 400 meter swim in the Rock River Rapids outdoor lap pool, 14 mile bike course on paved country roads, and a 5K run through Derby's High Park. This is a USAT sanctioned course so all USAT rules and standards apply. For more details see www.usatriathlon.org.



SANCTIONED EVENT



RACE LOCATION:

Rock River Rapids Aquatic Park
1900 E. James Street
Derby, KS 67037
(316) 788-3781

Race Website:
www.derbyrec.com

Race Director: Susie Wilkes
Susie@derbyrec.com

Co-Race Director: Darcie Parkhurst
darcie@derbyrec.com



Susie Wilkes, Fitness Program Coordinator
P.O. Box 324
Derby, KS 67037
Phone: 316-529-2677
Fax: 316-788-6549
E-mail: Susie@derbyrec.com



AWARDS

Top 3 Male Overall
Top 3 Female Overall

Age group awards are based on registration received in each category as of July 20, 2011.

 Award Ceremony at the conclusion of the last participant. Stay post-race for some door prizes and post race refreshments.

PACKETS

Packets can be picked up at:

Derby Recreation Center
801 E Market, Derby, KS 67037
Friday (8/5) 10am-7pm or
Saturday (8/6) 8am-noon

Rock River Rapids Aquatic Park
1900 E James St, Derby, KS 67037
Saturday (8/6) 3pm-8pm

Photo ID and current USAT card required*.
Packets must be picked up in person and
USAT cards must be shown.

NO EXCEPTIONS!

*Participants must purchase a USAT one day license for \$10 if not already a USAT member.

REGISTRATION

Register online at www.derbyrec.com or
www.active.com
Register by mail at:
Derby Recreation Center
P.O. Box 324, Derby KS 67037



2011 Rock N' Route Triathlon
Sunday, August 7 @ 7am

COST: \$40 by 7/28/11
COST: \$45 beginning 7/29/11

Registration Deadline:
Wednesday, August 3 @ 10pm

Name: _____

Address: _____

City, State, Zip: _____

Birth Date: _____

Sex: M F Age: _____

Phone: (h) _____ (w) _____

E-mail: _____

USAT Member? YES # _____ exp date: _____

NO \$10 Single Day USAT Membership required

T-Shirt Size (circle): S M L XL

Estimated 400m swim time? (min) _____ (sec) _____

Waiver For Participant

In consideration of your accepting this entry, I hereby, for myself, and child, my heirs, executors and administrators, waive and release any and all rights and claims for damages I or my child may have against the Derby Recreation Commission, City of Derby, USD 260, or USA Triathlon and its representatives, successors, and assigns for any and all injuries suffered by myself or my child at any activity sponsored by these groups.

Printed Name _____

Signature* _____

Date _____

* If under 18 a legal guardian must sign for participant and assume responsibility for minor participating in event.

Please return completed form and entry fee to:

Derby Recreation Center

Attn: Susie Wilkes, Program Coordinator

P.O. Box 324

Derby, KS 67037