16th Annual Gilham Triathlon: Wednesday, June 8th

Dear Students and Families;

The 16th annual Gilham Triathlon will be held Wednesday, June 8th, 2016. This optional event is for students in grades 3, 4, and 5. The Triathlon is made up of three events: running, biking and swimming. Those who choose to participate must participate in all three events.

Again this year, the entire event will take place on the grounds of the Sheldon Community Center. At approximately 9:00 A.M., students will be taken by bus to Sheldon. The Triathlon will begin with a one mile run (4 laps) around the high school track. After completing the run, students will ride 2 miles (2 loops) on a path around the complex. They will conclude the Triathlon by swimming 3 lengths of the indoor pool. After all students have finished, they will return to Gilham by bus. Parents may NOT transport their student back to school. Students may towel off after swimming, but will NOT be changing clothes until they return to school.

Parents are responsible for getting their student’s bike AND helmet to Sheldon Community Center the night before the event (June 7th) during the hours of 5:00-6:30PM, or the morning of the event between 7:45-8:45 AM. Bikes dropped off the night before will be stored in a locked area. Bikes must be taken home after the event or picked up before 6PM on June 8th, and again will be kept in a secure area until that time. More detailed information regarding bike drop off and pick up will come home closer to the event.

Bicycle riding will occur on paths that are mostly hard trail, but do contain a portion of bark trail and packed dirt/gravel. The paths are not on the street, but are somewhat narrow; therefore, all activities are potentially dangerous. Participants must adhere to the bicycle rules and assume responsibility for their risk. There will be supervising adults along the bike route, but students must be cautious.

The pool at Sheldon is 25 meters long and has a deep end just over 6 feet. Lifeguards will be present, but students MUST be able to handle deep water comfortably while swimming. NO floatation devices will be allowed nor will hanging on to the side wall of pool while swimming. If you are signing up your child for the Triathlon, you should be sure he/she is a competent swimmer.

The triathlon is a continuous event with NO rest breaks. We will use a stagger start for this event, therefore participants will finish at various times. Post event, students will be given a snack of chocolate milk and a granola bar before heading back to school. If your child is unable to eat the snack due to allergies, please pack them a snack.

The cost to participate is $10, which is due with all forms by Friday, May 20th, 2016. Forms need to be read carefully, filled out completely, and signed by the student and the parent/guardian in order to participate. No late forms will be accepted!

If you have any questions regarding this event or would like to provide a corporate sponsorship, please contact me!

Candace Lovato,
2rd Grade Teacher
541-790-6200
lovato_c@4j.lane.edu

All forms are due by May 20th. Please include $10 fee (Checks made out to Gilham Triathlon).
Bicycle Inspection

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Wheels

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<table>
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<tr>
<td>Fitting Properly</td>
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*****No Training Wheels

Mandatory Swim Check

I have witnessed my child_________________swim 3 lengths of a 25 meter pool comfortably using one or more of the following strokes without stopping: freestyle (front crawl), breast stroke, back stroke, butterfly and/or side stroke. He/she has been training and will be ready for the full Triathlon by the June 8th date.

PLEASE NOTE: The deep end of the pool is just over 6 feet. Students will be swimming the length of the pool and MUST be able to handle deep water comfortably while swimming. NO floatation devices allowed.

Swimming Proficiency Scale

1 2 3 4 5
Beginning Advanced

Parent Signature

Mandatory Running Check

I have witnessed my child_________________run approximately 1 mile without stopping. My child will train for the running portion of the Triathlon and be ready to successfully participate on June 8th.

Parent signature

All forms are due by May 20th. Please include $10 fee (Checks made out to Gilham Triathlon).
16th Annual Gilham Triathlon, Wednesday, June 8th
Student Participation Agreement

The student agrees to:

Please read and mark that you will comply.

_______ Practice all three events so she/he will be physically conditioned;

_______ Notify Ms. Lovato in advance of any changes in plans to participate;

_______ Wear a helmet that fits properly on the bike portion of the event;

_______ Exercise honesty, courtesy, and respect of all the rules.

Student Signature _____________________________ Date _____________

T-Shirt Size: Please circle one:

Youth Small       Youth Medium       Youth Large       Youth X-Large
Adult Small       Adult Medium       Adult Large       Adult X-Large

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16th Annual Gilham Triathlon, Wednesday, June 8th

Parent Participation Agreement

The parent agrees to:

Please read and mark that you will comply.

[ ] Encourage student to practice events so she/he will be physically conditioned;
[ ] Check student’s bike is in excellent condition (see mandatory bike check);
[ ] Check that helmet fits properly;
[ ] Check child’s swim ability (see mandatory swim check);
[ ] Check child’s running ability (see mandatory run check);
[ ] Accept liability and responsibility for student’s travel for the event;
[ ] Accept responsibility for any negligent actions on part of your student;
[ ] Assume all related medical and/or emergency costs.
[ ] Transport bike to & from Sheldon Community Center during designated times.

Thank you for reading this information thoroughly and understanding the importance of working with your student to be successful. Please be positive in encouraging practice, and have fun while doing it. This should be a fun, non-stressful experience.

Parent/Guardian Signature _____________________________  Date ____________________

Phone number  __________________  Email address  ______________________________

Alternate Contact Name _______________________________  Phone ___________________

Hospital preference _____________________________________________________________

Does your child have a medical condition, or taking medication we should know about in case of an emergency?  _____ yes  _____ no.  If yes, please explain. ____________________________
____________________________________________________________________________________
_____________________________________________________________________

[ ] We would like to sponsor an athlete in need- an extra $10 is included.
[ ] We need an athletic scholarship.

In order to keep SAFETY as our top priority, we are asking that ALL parents in attendance at the Triathlon volunteer in at least one area. Although it would be ideal to be able to watch your child complete all events, we NEED volunteers to maintain safety. Please list your 1st and 2nd choices below.

Volunteer meeting will be held on Wednesday, June 1st at 1:15PM in Candace Lovato’s room. If unable to attend, your volunteer spot and responsibilities will be emailed to you.

[ ] Bike course rider  [ ] Playground Supervision
[ ] Bike course volunteer not riding  [ ] Bike parker & tracker
[ ] Athlete tracker at finish  [ ] Pool and pool lane monitor
[ ] Group Leader  [ ] Willing to help wherever needed

Are you available to help with:

[ ] Checking in students/pinning bibs(at Gilham)  [ ] Set up at Sheldon (7:45-8:45AM)

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16th Annual Gilham Triathlon: Permission Form

WARNING: As with any adventure activity, there are significant elements of risk in the triathlon. These risks include, but are not limited to: slips, trips, arrested falls, falls to the ground, and other risks associated with the activities we plan to do with your child. Your child will be swimming in a pool with a deep end of 6 feet, bicycling on a narrow path mostly of concrete, but also portions of bark trail and packed dirt/gravel, running on the high school track. A certified lifeguard will be on duty and parent volunteers will be along the bike route. As a result of these events, participants could encounter torn or strained muscles, fractures, cuts, scrapes, abrasions, bruises, permanent head and spinal injuries, or other injuries.

Please note: A triathlon volunteer will determine if any participant needs to stop the swim portion of the Triathlon. Your child may still continue with the bike and run portion to finish the Triathlon.

I acknowledge that these risks exist and understand that although every attempt will be made to minimize such risks, certain inherent risks will always be present in the Triathlon.

Assumption of Responsibility: I agree that my child is mentally and physically capable of participating in the Triathlon, and that proper training and physical conditioning is necessary. I assume responsibility for his/her actions and safety, and realize that his/her inappropriate actions may result in personal liability. I understand that my insurance carrier or I will be financially responsible for any injuries suffered or caused. My child agrees to follow all rules, procedures, and safety methods demonstrated. I understand that my child’s privilege to participate in this activity may be revoked, suspended, altered, or modified if deemed necessary for his/her safety or the safety of other participants.

Medical Authorization: I hereby authorize any medical treatment deemed necessary for my child as a result of activities in or related to the Triathlon. I have relied on my individual judgment or assessment of the risks involved, and acknowledge there have been no representations or warranties by Lane County School District 4J (Eugene) or by any of its agents or employees. I acknowledge there is NO SCHOOL DISTRICT LIABILITY INSURANCE to protect me, or my child, should any accident occur.

Should anyone file any legal action against School District 4J, or any of its agents or employees, as a result of any injury my child may sustain as a result of, or related to, participation in this activity, I will indemnify and hold harmless School District 4J, its officers, agents, employees from any claim or liability of any kind, including attorney’s fees.

This is a contract and shall be fully enforced by the Lane County School District 4J Eugene. I have read and understand the above. By signing this paper, I agree that if I, or my child, is injured during the activity and files a claim against the District, I would have to pay for any financial loss the district had on account of this claim.

Student Name/ Grade (print) __________________________ Parent/Guardian Name (print) __________________________

Classroom Teacher __________________________ Parent/Guardian Signature __________________________

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