

## 5<sup>th</sup> Annual CONTACT Cape-Atlantic Triathlon / Duathlon

You have just taken the first step in completing the 5<sup>th</sup> Annual CONTACT Cape-Atlantic Triathlon / Duathlon. This charted race is a combination of training, dedication and desire to complete the ultimate distances in a one-month period.

Triathlon: 2.4 mile swim/112 mile bike/26 mile run

Duathlon: completion of any 2 of the above events

Now take the next step and register by filling out the attached registration form. When we receive your registration form, we will then send you a race chart to fill out as you complete the triathlon/duathlon. You may race for one month beginning January 17, 2011 to February 17, 2011. You must finish by Feb. 17<sup>th</sup> and submit your completed race chart to CONTACT Cape-Atlantic, P.O. Box 296, Somers Point, NJ 08244, or fax to 609-823-1938.



### **REQUIREMENTS TO CROSS THE FINISH LINE:**

Document how many laps you swim or aqua size classes you take, for the swim leg of the triathlon/duathlon. Chart how many miles you bike, step or row for the bike leg. Record how many miles your run/walk, elliptical or aerobics you do for the marathon section of the race.

### **DISTANCES EQUALED FOR CHARTING:**



1 aqua size class = ¼ mile swim (16 lengths)  
Stairmaster distance 15 minutes = 1 mile bike  
Rower 1600 meters = 1 mile on the bike  
1 hour spin class = 10 miles bike  
1 aerobic class = 2 mile run  
Elliptical 15 minutes = 1 mile run  
15 minute pool jog = 1 mile run



You may  
use the  
pool of  
your  
choice.

Of course swimming, biking and running also count!

A list of triathlon finishers will be posted and an awards ceremony will take place at the Ocean City Aquatic & Fitness Center, 18<sup>th</sup> and Simpson Ave., Ocean City on Saturday, Feb. 26<sup>th</sup>.

Everyone who registers will receive a t-shirt. All who complete this challenge will receive an award.

### **SOME POINTERS:**

Ask the many qualified fitness staff at the Ocean City Aquatic & Fitness Center to answer any of your training questions. Or ask the staff at your fitness facility.

Keep a smart mind and listen to your body as you schedule and conquer your race strategy. Replenish your energy with plenty of water and healthy food. Good Luck!

**5th Annual CONTACT Cape-Atlantic Triathlon and NEW Duathlon (completion of any 2 events)**

**2.4 Mile Swim/112 Mile Bike/26 Mile Run**

A Month-Long Event to Benefit CONTACT Cape-Atlantic

[www.contactcapeatlantic.org](http://www.contactcapeatlantic.org)

*Providing Telephone Reassurance & Community Support for the Elderly and Disabled*

**Starts: January 17, 2011**

**Finishes: February 17, 2011**

**Award Ceremony: February 26, 2011**

In cooperation with the Ocean City Aquatic & Fitness Center, 18<sup>th</sup> & Simpson Avenue, Ocean City, NJ

**DONATION: \$25**

**FOR MORE INFO. CALL: (609) 823-1850 or (609) 463-4564 or E-mail: [contact-c-a@comcast.net](mailto:contact-c-a@comcast.net)**

**REGISTRATION FORM:**

PLEASE CHECK ONE:  Triathlon  Duathlon

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

PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

SEX: \_\_\_\_\_ AGE on RACE DAY: \_\_\_\_\_ e-mail: \_\_\_\_\_

SHIRT SIZE: S ( ) M ( ) L ( ) XL ( )

**(T-SHIRT TO ALL WHO REGISTER & AWARD TO ALL WHO FINISH)**

**PARTICIPANTS WILL RECEIVE A CALENDAR SHEET TO RECORD TRIATHLON**

**PROGRESS & RETURN TO CONTACT Cape-Atlantic PRIOR TO AWARD CEREMONY**

I will participate in the 5<sup>TH</sup> Annual CONTACT Cape-Atlantic Triathlon/Duathlon. In consideration of accepting the entry I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for losses and damages I may have against CONTACT Cape-Atlantic or the aquatic & fitness center and all other parties and their representatives, successors, and assigns for any and all injuries suffered by me in said event. I attest and verify that I am physically fit and have sufficiently trained for the completion of this event and my physical condition has been verified by a licensed medical doctor. I grant full permission to all foregoing to use photographs, videotapes, motion pictures, recordings or any other records of this event for any purpose.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(PARENT/GUARDIAN MUST SIGN IF ENTRANT IS UNDER 18)

**MAKE CHECKS PAYABLE TO: CONTACT Cape-Atlantic, 9500 Ventor Ave., Bldg. 2, Margate, NJ 08402**