

How should I train for this event?

Swimming

- Participate in water exercise classes.
- Lap swim, water walk, use the kickboard.

Running/Walking

- Walk or run on the track, the perimeter a gymnasium, outdoors, at the mall.
- Walk or run on a treadmill.
- Use an elliptical or cross-trainer.

Cycling

- Attend indoor group cycling classes.
- Cycle on the upright or recumbent bikes in the fitness center.
- Cycle outdoors weather permitting.

Other activities may be done to compliment your training such as strength training/weight lifting, core classes, cardio classes, yoga/ Pilates, and others. Consider hiring a Personal Fitness Trainer. Most importantly, HAVE FUN!

****Check out the YMCA Group Fitness Schedule for information on classes and lap/family swim times.****



ALTRU FAMILY YMCA

HAUNTED



FALL INDOOR TRIATHLON

REGISTER HERE!



Saturday, October 21st, 2023

First Wave: 7:00 a.m.

Altru Family YMCA • 215 N 7th St • Grand Forks, ND
(701) 775-2586 • www.gfymca.org



TAKE THE CHALLENGE

Start your fall off right with an indoor adventure! Swim, bike and run/walk in the comfort of the indoors. You can seriously push yourself or take it at a slower pace, or somewhere in-between. This event is also a great first-time triathlon.

How does it work?

The race is conducted in waves of 5 people. You will be with the same wave (group) during all three events. Waves start every 25 minutes.

First you will swim or walk laps in the pool for 15 minutes while a Y volunteer on-deck counts your laps. If you are not a strong swimmer that's ok - you can use any stroke, kick with a kickboard, or water walk. Aqua belts are also available to use while training and during the event.

Next, you'll go to the locker room and change (you'll have at least 15 minutes) and head to the treadmill and complete a 20 minute walk or run. A volunteer will be stationed in the Fitness Center to help with runners/walkers.

Finally, you will head down to the mini gym. You'll ride as a group for 20 minutes, pedaling at the pace you feel comfortable with. Your mileage will be tracked on the bike's computer and will be recorded.

Top finishers are decided by a percentage conversion of the total number of laps and miles per competitor.

Divisions

- Youth Junior: 8-12 15minute Swim, 20 Minute Run, 20 Minute Bike
- Youth Senior: 13-16 15 minute Swim, 20 Minute Run, 20 Minute Bike
- Adult: 16+ 15 Minute Swim, 20 Minute Run, 20 Minute Bike

Registration Details

- Ages: Adult / Youth (who are tall enough to ride the Keiser bikes - and physically able to complete all three events).
- Waves will be assigned based on division.
- Pre-registrations will be accepted until 4:00 pm on Friday, October 20th..
- Same day registrations are possible if all heats are not filled.
- A YMCA representative will call you with instructions a few days prior to race day to confirm your starting time, and answer any questions you may have.
- For more information please call Adam Sorum at 701-775-2586.



Prizes will be awarded to the top three male and female finishers in each division. Each participant will receive a T-shirt and a participation medal. Refreshments and snacks will be provided.

ALTRU FAMILY YMCA 3rd ANNUAL FALL INDOOR TRIATHLON

October 21st, 2023

REGISTRATION

PLEASE PRINT

FIRST & LAST NAME _____

MALE FEMALE AGE _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____

EMAIL _____

EMERGENCY CONTACT _____

EMERGENCY CONTACT PHONE _____

T-SHIRT SIZE (CIRCLE ONE): **YS** **YM** **YL** **S** **M** **L** **XL** **XXL** **XXXL**

COMPETITIVE LEVEL: Light Moderate High

FEE: \$40 PER PERSON

PARTICIPANT WAIVER

I am entering this event at my own risk and assume all responsibility for injuries I may incur as a direct or indirect result of my participation. I hereby, for myself, my heirs, executors and administrators, waive the release of any and all rights and claims for damages or injuries I may have against the Altru Family YMCA and its affiliates, their agents, representatives, directors, successors, and assignees. I certify that I am aware of the physical stress involved in participation of this event and the consequent risk to my health and that I have made adequate preparations to compete. I also give permission for the free use of my name and/or picture in a photograph, broadcast or other account of this event.

Participant Signature _____

Parental signature for participant under age 18: _____

Office Use Only

DATE _____ PAYMENT RECEIVED BY _____

CHECK CASH CREDIT CARD

AMOUNT: \$40