



### Citrus Kids Triathlon

presented by Publix.



MANAGED BY:



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### 2026 PARTICIPANT REGISTRATION FORM

#### SCHEDULE

BICENTENNIAL PARK, 8145 W. Bicentennial Park Dr., Crystal River, FL

Friday, May 1, 2026

4:00-6:30pm Mandatory Packet Pick-up & Bike Check-In  
Kids Kickoff Party & Walking Course Clinics Every Hour  
(Security will be onsite overnight)

Saturday, May 2, 2026 (times may vary based on participation)

7:00am Senior Check-In Opens  
7:45am Senior Pre-Race Meeting (Mandatory)  
8:00am Senior Division Starts  
9:30am Senior Awards Ceremony  
9:30am Junior Parking Access Opens  
9:30am Junior Check-In Opens  
10:15am Junior Pre-Race Meeting (Mandatory)  
10:30am Junior Division Starts  
11:00am Tri4Fun Division Starts  
12:00pm Junior Awards Ceremony

#### AWARDS

- \* Awards given for Top 3 kids in 1 year age groups
- \* Every participant receives a custom Finishers Medal

#### ENTRY FEES

\$25 Pre-Registered by April 19  
\$30 Pre-Registered by April 29  
\$40 Pre-Registered by May 1

Event shirt & gear bag of goodies for all pre-registered participants. Helmet fitting available at kickoff party on May 1. Bicycles available for use during event upon request (limited supply).

#### 3 EXCITING DIVISIONS

##### Junior Division

Swim 75 Yards (3 Laps) \* Bike 1 1/2 Miles \* Run 1/2 Mile  
Junior A = Born 2018-2021 \* Junior B = Born 2016—2017

##### Senior Division

Swim 150 Yards (6 Laps) \* Bike 3 Miles \* Run 1 Mile  
Senior A = Born 2014—2015 \* Senior B = Born 2011—2013

##### Tri4Fun Division (All Ages)

Swim 75 Yards (3 Laps) \* Bike 1 1/2 Miles \* Run 1/2 Mile  
This is for kids, adults, families & anyone that wants to participate.  
Families & groups can swim, bike & run together!  
Just For Fun! NO timing or awards but ALL will receive a Finishers Medal.

DIVISION:  JR  SR  Tri4Fun  Physically Challenged

T-SHIRT SIZE:  YS  YM  YL  S  M  L  XL  XXL

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

DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ GENDER: \_\_\_\_\_

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

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

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

SCHOOL: \_\_\_\_\_

BIKE:  I will bring my own bike.  I need a bike provided.

USA Triathlon # (if applicable): \_\_\_\_\_



Register: online ([www.citruskidstri.com](http://www.citruskidstri.com)), by mail (DRC Sports, P.O. Box 70, Inverness, FL 34451) or turn in this form & payment to your school.



Please make checks payable to: CCEF. Amount Enclosed \$ \_\_\_\_\_ Check # \_\_\_\_\_

RELEASE WAIVER: I understand that Entry Fees are Non-Refundable & Non-Transferable. In consideration of accepting this entry, I, the undersigned, intending to be legally bound, hereby, for myself, my child, my heirs, executors and administrators, waive and release any and all rights and claims for losses and damages I may have against DRC Sports, the City of Crystal River, Citrus County Education Foundation, the sponsors of the race and/or officials of said event, volunteers, town, police, lifeguard, fire department, and their representatives, successors and assigns for any and all injuries suffered by me in said event. I attest and verify that I am or my child is physically fit and sufficiently trained for the competition of this event, and that a licensed medical doctor has verified my/their physical condition. I know that participating in this event is potentially a hazardous activity. I should not enter unless I am/they are medically able and properly trained. I agree to abide by any decisions of race officials relative to my or my child's ability to safely complete the course. I assume all risks associated with participating in this event including, but not limited to, falls, contact with other participants, the effects of the weather, including heat and/or humidity, traffic and conditions of the road. I understand that the course is open to vehicular traffic and will compete with due care. Further, I hereby grant full permission to any and all of the foregoing to use any email, photographs, videotapes, motion pictures, recording or any other record of this event for any purpose whatsoever.

\*\*ONE APPLICATION PER PERSON – All information above must be filled out in order to race\*\*

SIGNATURE (Parent if under 18 years of age) \_\_\_\_\_ Date \_\_\_\_\_

EMERGENCY CONTACT: Name \_\_\_\_\_ Relation \_\_\_\_\_ Cell \_\_\_\_\_

Learn more at: [www.citruseducation.org](http://www.citruseducation.org). Questions: call 352.726.1931 x2240 or email [BurdetteS@citrusschools.org](mailto:BurdetteS@citrusschools.org)



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