

The 4th Discipline: Transitions

**PRACTICE THE SKILLS
NEEDED TO HAVE YOUR
FASTEST TRANSITIONS**

Date: 4/19/09

Time: 2:00

Pre-register by: 4/15/09

Clinic fees:

- \$20.00 for preregistered participants
- Must preregister
- Limited to 30 participants

Finish Strong Coaching will conduct a clinic covering the triathlon transitions at the College Park HS (parking lot near the tennis courts). You will learn and practice the skills needed to have your fastest transitions ever!

For more information or to register call:
Dana Lyons

Contact person: 281-682-8719
Or e-mail: dana@coachlyons.com



- **Transition Set Up**
- **Mount and dismount techniques**
- **Tips for getting out of your wetsuit**
- **Gear for T1 & T2**
- **Have your transition filmed**
- **Bring your bike, shoes, helmet, and any other transition gear**

Presented by Finish Strong Coaching

Coaches: Lead coach is Dana Lyons, a USAT Certified Coach and top masters triathlete.

Richard Mac Namee is a former British elite triathlete.

Professional triathlete Michelle LeBlanc is the current Texas State Time Trial Champion.



Please send entry form and check to:

Dana Lyons
71 S. Flagstone Path Circle
The Woodlands, TX 77381

Please make checks payable to Finish Strong Coaching

Or you can pay online at
www.coachlyons.com

Name _____

E-mail _____

Phone _____

USAT Number _____

In consideration of your permitting me to participate in the triathlon transition clinic, I, the undersigned, INTENDING TO BE LEGALLY BOUND HEREBY WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES, WHETHER BASED UPON NEGLIGENCE OR ANY OTHER THEORY OF LAW, which I, ward or heir, and our parents, guardians, heirs, executors, representatives, administrators, and assigns may have against Dana Lyons, as well as any other person, entity or sponsor connected to the program, and their heirs, executors, representatives, administrators, successors, or assigns FOR ANY AND ALL INJURIES OR DAMAGES WHICH I MAY SUFFER while taking part in such program as a result thereof. Specifically, I verify that I am in good physical health and able to participate in the program.

Signature _____

Date _____