First name

Last name

Gender

Date of birth

Email address

\* Day phone

    Ext. 

\* Cell phone



ADDRESS

\* Country

United States

\* Address

Address line 2



\* City

North Wildwood

\* State

NJ

\* ZIP / Postal code

08260

\* Emergency contact name



\* Emergency contact phone



Additional Information

\* Do you wish to race in the Wetsuit or Non-Wetsuit Division?

 Wetsuit

 Non-Wetsuit

\* How did you hear about this event?

                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    

If you entered "DelMoSports Ambassador," which one?



Enter name here.

\* Are you a member of a triathlon club or swim team?

 Yes

 No

Don’t see your club/team listed?



Enter it here.

\* Is this your first time racing a DelMoSports event?

 Yes

 No

\* Is this your first open water swim event?

 Yes

 No

\* Why did you choose this race?



\* Where do you work?



\* What is your title?



\* Is this your first time visiting the area?

 Yes

 No

\* Where will you stay event weekend?

                                                                                                                                                                                                                                                                                                                                                                                                                                                                    

\* I understand that there is a $50 lost chip fee if I do not return my timing chip.

 I understand.

\* Would you like your race results sent to you via text message?

 Yes

 No

\* Will you be taking the ferry from Cape May to Lewes and back?

 Yes

 No

USMS Validation

**Please enter your VALID USMS annual membership number. If you do not have one please purchase a 1 - day membership below.**

\* USMS Number



If you do not have one, please put "N/A" and purchase a 1 - Day Membership below.

\* INSURANCE: I understand that as described in the Defer/ Refund/ Transfer policy below I have the opportunity to purchase race insurance in the next screen above the credit card information during checkout.

 I understand.

\***Included t-shirt**

|  |  |  |
| --- | --- | --- |
| **Select:** | **Price:** |  |
|  Women's Small | Included |  |
|  Women's Medium | Included |  |
|  Women's Large | Included |  |
|  Women's XL | Included |  |
|  Women's XXL | Included |  |
|  Men's Small | Included |  |
|  Men's Medium | Included |  |
|  Men's Large | Included |  |
|  Men's XL | Included |  |
|  Men's XXL | Included |  |

 Show me in results when ACTIVE.com users search to see who registered for this event

ADDITIONAL PURCHASES

**USMS 1 - Day Membership Fee**

Unless you have a valid annual USMS membership, you are required to purchase a 1 - day USMS membership for this event.

WAIVERS AND AGREEMENTS

**Please read the following waivers and agreements carefully.** They include releases of liability and waiver of legal rights, and deprive you of the ability to sue certain parties. By agreeing electronically, you acknowledge that you have both read and understood all text presented to you as part of the registration process.

 I agree to the Active Agreement and Waiver

 I agree to the DelMoSports, LLC: Refunds, Deferrals and Transfers

 I agree to the 2016 DelMoSports, LLC Waiver

 I agree to the USMS Waiver