

# Sea Girt Ocean Mile Swim



## 17<sup>th</sup> Annual 1 Mile Ocean Swim

To Benefit The

# Wall High School Swim Team

## SATURDAY, JULY 28<sup>TH</sup>, 2012

- Time: 8 am Start
- Registration: Mail in registration postmarked by July 23<sup>rd</sup>, 2012  
On site registration - 6:30 – 7:45 am @ Beacon Boulevard and Ocean Avenue
- Fees: \$20.00 Pre-registered (T-shirt to all pre-registered swimmers, others while supplies last)  
\$25.00 Registration Fee day of Race
- Awards: 1<sup>st</sup> Male & Female Overall, 1<sup>st</sup> Male & Female Wall HS Swimmer  
**Top 3 in Age Group** – 13 & Under, 14 – 18, 19 – 28, 29 – 36, 37 – 44, 45 – 52, 53 – 59, 60 – 69, 70 – 79, 80 & over

THE BEACH DIRECTOR MAY CANCEL OR POSTPONE THIS EVENT IF WEATHER OR OCEAN CONDITIONS ARE UNSAFE

Information: Contact Jack Frain - 908-596-0425, or email at [jjfrain@hotmail.com](mailto:jjfrain@hotmail.com)

### Drawing for 50/50 Fund Raising Raffle @ 10 am

**Free Parking on Street – arrive early**

**Make Checks Payable to : WHSSTPA and Mail to: P.O. Box 702, Allenwood, NJ 08720**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

**M / F** Age: \_\_\_\_\_ **Wall Swimmer:** \_\_\_\_\_

**T-Shirt Size:** **Sm** \_\_\_\_\_ **Med** \_\_\_\_\_ **Lg** \_\_\_\_\_ **XL** \_\_\_\_\_ **XXL** \_\_\_\_\_

(UNISEX SIZING)

In consideration for accepting this entry and the granting of the right to participate, I the undersigned intending to be legally bound. Hereby for myself, my heirs, personal representative, successors and assigns, waive and release any and all claims for losses and damages I may have against event committee, volunteers, event sponsor, Borough of Sea Girt, participating beach employees, or other persons, whomsoever for any and all injuries, illness, including death; that may result from my participation in said event. I represent and affirm that I am in good physical condition to participate in this event, and verified by a licensed physician and have sufficiently trained for the completion of this event. The undersigned has read and voluntarily signed this release and waiver.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent or Guardian (if under 18)**

\_\_\_\_\_  
**Date**