SEA ISLE CITY BEACH PATROL 2016 ONE MILE OCEAN SWIM ENTRY FORM

For More Information Go To www.sicbp.com And Click On The Events Icon

			M F		
First Name	Last Name		Sex (circle	age Race Day	
Street Address		City	State	Zip Code	
Email Address Pho			one -	-	
S M L XL	Mark if Team Entry:				
Shirt Size (circle) (check only one)		Swim Club	High School Team		
Team Name/ Affiliation	on				
Be aware of the following	llowing medical condition	s or medications:			
MAIL Entry Form to:			DELIVER	Entry Form to:	
Sea Isle City Beach Patrol 233 JFK Boulevard				Beach Patrol Headquarters 44 th Street and Promenade	
Sea Isle City, NJ 08243			609-263-3655		
	RELEASE F	ORM (Mandatory)	(number op	erating after 6/15)	
	cially responsible for any and all medic gency, I grant permission for myself of			•	
administrators, waive and re Isle City, and all other partic event. I attest and verify th been verified by a licensed	ng this entry, I, the undersigned, into elease any and all rights and claims for es and their representatives, successors, at I am physically fit and have sufficie medical doctor. Further, I hereby gra or any other records of this event for an	losses, and damages I may have ag , and assigns for any and all injuries ently trained for the completion of the nt full permission to any and all fo	ainst the Sea Isle , including death, nis event, and my	City Beach Patrol, Sea suffered by me in said physical condition has	
NO ONE MAY	ENTER THIS EVENT WI	THOUT SIGNING THE	S OFFICIA	L WAIVER!	
Signature			Date		
Parent's or Guardian's signature required for all participants under 18 years of age.			Date		