

Northport Running Club presents the



Joe Latino Winter Relays

Cross Country Style Course!

Saturday February 25, 2017

Sunken Meadow Park – East End Parking Lot 10:00 AM Start / 9:00 AM Check-in/ 3x2 Mile Running Event

Dedicated to the memory of NRC Member and Latino Relay Registration Volunteer Bill Egan

ENTRY FEE: \$30 per team received before February 20, 2016; \$40 after and day of Race Day of race entries must be submitted before 9:00AM. Make checks payable to: The Northport Running Club

REFRESHMENTS: Will be available during and after the race.

AWARDS: Awards will be presented to each member of the top team in each category.

DIRECTIONS: Take Sagtikos/Sunken Meadow Parkway north to the end, enter park. Go downhill approx. 1 mile. At the bottom of the hill, make first right after the bridge. Follow road to the east end parking lot.

REQUIREMENTS

- 1. THREE runners per team. Each runner runs a 2 mile leg.
- 2. All teams must be registered with the Relay Committee.
- 3. Final team rosters must be submitted before 9:00 a.m. on Race Day.
- 4. There are NINE categories from which your group can choose to compete:

MEN'S OPEN - 3 male runners, any age.

WOMEN'S OPEN - 3 female runners, any age.

MIXED OPEN - 3 runners, any age, at least 1 female.

MEN'S MASTERS - 3 male runners, age 40 and over.

WOMEN'S MASTERS - 3 female runners, age 40 and over.

MIXED MASTERS - 3 runners age 40 and over, at least 1 female.

MEN'S SENIOR MASTERS - 3 runners age 50 and over.

WOMEN'S SENIOR MASTERS-3 female runners age 50 and over.

MIXED OVER THE HILL -3 runners, at least one female, age 50 and over.

Each team shall be eligible for an award only in the category they select.

5. A runner may run on more than one team. **HOWEVER, NO RUNNER MAY RUN TWO OR MORE LEGS ON THE SAME 3-PERSON TEAM.**

3 Person Teams!

For more information and team application, email: joelatinorelay@nrcrun.org

Captains,

Here are a few simple guidelines you can follow to assure this year's relay will be successful for your team.

Before the Race: Submit a completed team application form. Note that all three runner's signatures are necessary,

although you may pre-register without signatures, and then resubmit another form (with signatures) on race day. Each team will receive a set of three bib numbers. Ensure that your leg 3 runner wears

the red bib number indicated for the final leg.

During the Race: Ensure that your runners get to the starting line for their leg. As each runner finishes, record their

finishing time on the supplied sheet and inform the scoreboard keeper of that time for posting on the results board. Only the official team finishing time will be posted on the board by the timer.

After the Race: Verify all information pertaining to your team is posted correctly on the results board.

Complete the information on the bottom of this form with your application fee and mail to the address below:

Northport Running Club/Joe Latino Winter Relays P.O. Box 554 • Northport, NY 11768

TEAM APPLI	CATION FORM*			
Name of Tea	m:			
Team Captai	n:			
Address				
City		State _		Zip
Phone Numb	per: ()	Email**		@
Each team sl	•	ard only in the category they	sele	ct.
	•	ara only in the category they	50.0	
☐ MEN	I'S OPEN			MIXED MASTERS
☐ MEN	I'S MASTERS			MEN'S SENIOR MASTERS (Over 50)
low \square	MEN'S OPEN			WOMEN'S SENIOR MASTERS (Over 50)
	MEN'S MASTERS			MIXED SENIOR MASTERS (Over 50)
☐ MIX	ED OPEN			

Please fill out entry blank, read the following statement and have all team participants sign below: Waiver:

In consideration of your acceptance of this entry, I the undersigned, intending to be legally bound, hereby for myself, my heirs, executors, administrators and assigns, waive and release any and all claims, demands and causes of action I might otherwise have for damages or otherwise against the Northport Running Club, the State of New York Department of Parks and Recreation, any sponsors, volunteers and the agents, employees, representatives, successors and assigns of all the aforesaid organizations, for any and all injuries and/or property damage suffered by me in this event. I attest and verify that I am physically fit and have sufficiently trained for the completion of a 2 mile run of this degree of difficulty, and that my condition has been verified by a licensed Medical Doctor. Further, I hereby grant permission to any and all of the foregoing organizations to use any photographs, videotapes, motion pictures, recordings, or any other record of this event and my participation in the same for any purpose whatsoever.

PRINT NAME	SIGNATURE (Parent or guardian signature if under 18)	DATE	M/F	AGE	
1					
2					
3.					