SEA ISLE CITY BEACH PATROL 2020 ONE MILE OCEAN SWIM RACE DAY ONLY ENTRY FORM

THERE IS NO MAIL-IN REGISTRATION

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			Phone		
S M L XL Shirt Size (circle)	Mark if Team Entry: (check only one)	Swim Club	High School		Beach Patrol
Team Name/ Affiliation	on				
Be aware of the fo	llowing medical condition	ns or medications	s:		
	RELEASE I	FORM (Mandato	ory)		
	cially responsible for any and all medi gency, I grant permission for myself		•		-
administrators, waive and r Isle City, and all other parti event. I attest and verify the been verified by a licensed	ing this entry, I, the undersigned, intelease any and all rights and claims for es and their representatives, successors at I am physically fit and have sufficient medical doctor. Further, I hereby gray or any other records of this event for an	r losses, and damages I r s, and assigns for any and ently trained for the com ant full permission to an	may have against the dall injuries, including appletion of this event,	Sea Isle Ci g death, st and my pl	ty Beach Patrol, Sea affered by me in said mysical condition has
NO ONE MAY	ENTER THIS EVENT W	ITHOUT SIGNI	NG THIS OFF	ICIAL	WAIVER!
Signature				Date	
Parent's or Guardian's signature required for all participants under 18 years of age.				Date	