SEA ISLE CITY BEACH PATROL 2023 ISLAND RUN RACE DAY ONLY ENTRY FORM 52nd ANNUAL

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	Mark if Appropriate:				
Shirt Size (circle)	(check only one)	Beach Patrol	Running Club		Corporate Team
Team Name/ Affilia Be aware of the	following medical conditi	ions or medicatio	ons:		
	RELEASI	E FORM (Manda	ntory)		
	nancially responsible for any and all tergency, I grant permission for mys	•	•	-	
administrators, waive an Isle City, and all other pa event. I attest and verify been verified by a licens	epting this entry, I, the undersigned of release any and all rights and claims arties and their representatives, success that I am physically fit and have suffer medical doctor. Further, I hereby ags or any other records of this event for	s for losses, and damages ssors, and assigns for any ficiently trained for the c grant full permission to	s I may have against the and all injuries, including completion of this event, any and all foregoing to	Sea Isle (City Beach Patrol, Sea suffered by me in said physical condition has
NO ONE MA	Y ENTER THIS EVENT	WITHOUT SIGN	NING THIS OFF	TCIAL	WAIVER!
Signature			 -	Date	
Parent's or Guardian	n's signature required for all pa	articipants under 18	years of age.	Date	