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CITY OF LONG BEACH

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 of Parks and Recreation
 Paul Ferrante



PARKS AND RECREATION DEPARTMENT



POOL SWIM • BIKE • RUN
SATURDAY, JUNE 11, 2016
LONG BEACH RECREATION CENTER

CHILDREN:	For ages 4 - 7, 25 yard swim*(1 pool length), 475 ft bike ride**, 500 ft run For ages 8 - 10, 75 yard swim (3 pool lengths), ½ mile bike ride, .25 mile run For ages 11- 13, 125 yard swim (5 pool lengths), 1 mile bike, .5 mile run
CHECK-IN:	Registration and check in 7:00 a.m. to 8:00 a.m. at the Recreation Center First wave begins at 8:30 a.m.
ENTRY FEE:	\$25 (for all entrants) pre-race mail registration by June 3, 2016 \$30 day of race. Checks payable to: City of Long Beach T-shirt to all pre-registrants & day of race registrants while supplies last.
SEND TO:	Long Beach Kids Triathlon Long Beach Recreation Department 700 Magnolia Boulevard Long Beach, NY 11561
AWARDS:	All participants will receive an award.
NOTES:	The race will take place rain or shine. All participants must wear a helmet during the bike ride. There will be no traffic on the race course. *Swimmers may swim with or without assistance; assistance may be in the form of a kickboard, floatation bar, or parent. Arm floats are prohibited.* Participants under 7 may be accompanied on the pool deck by one adult. All other spectators are welcomed to watch from the observation deck. ** Big Wheels, tricycles and training wheels are allowed. No scooters. **



For more information call
 the Recreation Center
 (516) 431-3890 or visit
www.longbeachny.gov/rec

The next race will be The
 Fabulous 4th of July Race in
 Memory of Sgt. Sean Ryan.

2016 LONG BEACH KIDS TRIATHLON ENTRY FORM PLEASE PRINT CLEARLY > PUT TELEPHONE NUMBER ON CHECK

In consideration of your accepting this entry, I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the City of Long Beach, Long Beach Parks and Recreation Department, their representatives, successors and assigns for any and all injuries suffered by me in said event. I attest and verify that I am physically fit and sufficiently trained for the completion in the swimming, biking and running segments of this event and my physical condition has been verified by a licensed medical doctor.

PRINT NAME _____ **M** ___ **F** ___ **TELEPHONE #** _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____ **E-MAIL** _____

AGE on 6/11 _____ **D.O.B.** _____

SIGNATURE _____ **PARENT SIGNATURE** _____

(If under 17 years of age)

FOR RECREATION DEPT. USE ONLY

RECEIPT # _____ **AMOUNT PAID** _____ **DATE** _____ **STAFF** _____