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# CITY OF LONG BEACH

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Jack Schnirman



**Assistant Superintendent**  
*Parks and Recreation*  
Paul Ferrante

## PARKS AND RECREATION DEPARTMENT

# 36th ANNUAL LONG BEACH BIATHLON



**SUNDAY, JULY 26, 2015 – 7:45 A.M.**  
**National Boulevard and the Beach**

- CHILDREN:** For ages 7 - 12, a half-mile run with a 50 yard shallow swim  
**YOUNG TEENS:** For ages 13 - 15, a one-mile run with a 150-yard swim.  
**ADULT:** The event begins with a 3-mile run along the shoreline and concludes with a 300-yard ocean swim with land finish.
- CHECK-IN:** Registration and check in 7:45 a.m. – 8:30 a.m. on National Blvd. Beach  
Children and Young Teens race begins at 8:30 a.m.  
Adult race begins at 9:00 a.m.
- ENTRY FEE:** \$25 (for all entrants) pre-race mail registration by July 21, 2015  
\$30 day of race (Checks payable to: City of Long Beach)  
Free T-shirt to all pre-registrants & day of race registrants while supplies last
- SEND TO:** Long Beach Biathlon  
Long Beach Recreation Department  
700 Magnolia Boulevard  
Long Beach, NY 11561
- AWARDS:** To the top five men and women in these age groups:  
16-19, 20-29, 30-39, 40-49, 50-59, 60+.  
All children ages 7 – 15 receive awards.
- NOTE:** The race will take place rain or shine, but the swim will be adjusted if conditions are dangerous. Running shoes are recommended.  
**In the event of inclement weather, call 516-705-7414 & listen to recorded message**



For information call (516) 431-3890 or visit [www.longbeachny.gov/rec](http://www.longbeachny.gov/rec)

2015 LONG BEACH BIATHLON 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 both the running and swimming 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 7/26 \_\_\_\_\_ D.O.B. \_\_\_\_\_

SIGNATURE \_\_\_\_\_ PARENT SIGNATURE \_\_\_\_\_

(If under 17 years of age)

**FOR RECREATION DEPT. USE ONLY**

RECEIPT # \_\_\_\_\_ AMOUNT PAID \_\_\_\_\_ DATE \_\_\_\_\_ STAFF \_\_\_\_\_