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CITY OF LONG BEACH

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**Asst. Superintendent
of Parks & Recreation**
Paul Ferrante



Chief of Lifeguards
Paul Gillespie

4th Annual

DEPARTMENT OF PARKS & RECREATION

LONG BEACH LIFEGUARD MEMORIAL SWIM

SUNDAY, AUGUST 21, 2016 – 9:00 A.M.
National Boulevard and the Beach

COURSE:	One Mile Ocean Swim at National Boulevard, Long Beach, NY.
ELIGIBILITY:	Swimmer must be 16 years of age or older. All participants must be able to swim the course in 55 minutes or less.
CHECK-IN:	Registration and check in 7:45 a.m. – 8:30 a.m. on National Blvd. Beach
TIMING:	Electronic timing by Start 2 Finish
ENTRY FEE:	Pre-race entry fee is \$35 – must be received by Thursday August 18, 2016 at 5pm Day of race entry fee is \$40 (Checks payable to: City of Long Beach) Entry fee includes t-shirt (first 100) bathing cap and refreshments
SEND TO:	Long Beach Lifeguard Memorial Swim Long Beach Recreation Department 700 Magnolia Boulevard Long Beach, NY 11561
T-SHIRTS:	T-shirts will be given to the first 100 registrants on the day of race
AWARDS:	To the overall male and female and the top five men and women and in the following age groups: 16-19, 20-29, 30-39, 40-49, 50-59, 60-69, 75+.
NOTE:	The swim takes place rain or shine – Race Director John Skudin, Beach Supervisor reserves the right to cancel or move this event to the bay due to unsafe conditions. Bus transportation to race start will be provided.

For more information
call 431-3890 or
www.longbeachny.gov/rec



Join us at our next race
**The Labor Day
Five Mile Run
September 5, 2016**

2016 LONG BEACH LIFEGUARD MEMORIAL SWIMN 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 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.

NAME _____ M___ F___ TELEPHONE # _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____ E-MAIL _____
AGE on 8/21 _____ D.O.B. _____
SIGNATURE _____ PARENT SIGNATURE _____
(If under 18 years of age)

FOR RECREATION DEPT. USE ONLY

RECEIPT # _____ AMOUNT PAID _____ DATE _____ STAFF _____