

28TH ANNUAL

MID SUMMER MILE

Lavallette Ocean Swim

Coordinated by the Ocean County YMCA and the Lavallette Beach Patrol
Sanctioned by New Jersey LMSC, Inc. for USMS, Inc. - #072-W003
Sanctioned by New Jersey Swimming - #NJS080412OW

Saturday, August 4, 2012



EVENTS:

- One-Mile Jersey Shore Open Water Age Group Championship (USA-S Registered only)
- One-Mile Masters Championship (USMS Registered only)
- One-Mile Open Championship

Registration/Check-in: 6:30 - 7:45 am at the beach pavilion on Philadelphia Avenue and Ocean.

- **Open and USMS divisions may register the morning of the swim but will not be guaranteed a t-shirt or gift bag. Additional t-shirts CANNOT be ordered.**
- **USA-S must register by Friday July 27th, 2012; there will be no day of entries for USA Swimming members.**
- **You may register online at**
<http://www.lavallette.org/beach/mileswim.html>
<http://www.ocymca.org/get-involved/mid-summer-mile-ocean-swim>

- **All competitors (or Parent/Guardian if under 18) must sign a liability release form at the time of event registration/check-in on day of the race.**
- **Wet suits permitted and declaration must be marked on application and reconfirmed at check-in. Wet suit swimmers will not be eligible for awards.**

Race Start: 8:00 am for USA Swimming Race • 8:10 am Masters Race • 8:20 am for Open Race

Course: Conducted in 60-70°F ocean course South-to-North or North-to-South, depending on race day conditions and determined by Race Director. Cancellation of swim will be determined by the Lifeguard Captain in the event of inclement weather and/or unsafe ocean conditions.

Timing: Electronic timing will be used and provided by Jersey Shore Multi Sport. Each swimmer will wear an electronic timing chip on an ankle bracelet to automatically record their time.

Fee(s): PAYABLE TO THE Lavallette Boosters Association

\$20.00 – Pre-registration (**Must be received by July 27, 2012**)

\$25.00 – Day of Swim

\$15.00 – One-Event USMS Registration available for unregistered swimmers interested in competing in the Masters Event. Forms available at time of registration/check-in.

Rules: All applicable USA-S and USMS rules, regulations and safety requirements will be enforced for the well-being of our swimmers.

Awards: Top 3 Male and Top 3 Female in each age group contested for each division (Open, USAS, USMS): 10 & Under, 11-12, 13-14, 15-18, 19-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-60, 65-69, 70-74, 75-79, 80+

Light Refreshments: Light refreshments will be served immediately after the swim.

Registration contact and address:

Justin Alsobrooks, Lavallette Beach Patrol, P.O. Box 481, Lavallette, NJ 08735, 732 793 2566 or beach@lavallette.org

Janet Sellitto, Ocean County YMCA, 732 341 9622 ext 2214 or jsellitto@ocymca.org

Meet Director/Race Director	Justin Alsobrooks
Meet Referee	Robert Schailey
Independent Safety Monitor	Robert Klaslo
Safety Officer	Scott Darby

Directions: Garden State Parkway to Exit 82 (Seaside Heights), Continue on Route 37 East over the bridge. Keep toward the left onto Route 35N. Continue on Route 35N to Philadelphia Ave., turn right toward the beach. Arrive early - local street parking is limited.

Beach Access: Beach access is no charge for the duration of the swim. If you wish to spend the remainder of the day on the beach, daily beach badges are obtainable. **There are no public restrooms/showers available.**



U.S. MASTERS SWIMMING

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MASTERS SWIMMERS ONLY SIGN:

RELEASE OF LIABILITY BY PARTICIPANT: I, the undersigned participant, intending to be legally bound, hereby certify that I am physically fit and have not been otherwise informed by a physician. I acknowledge that I am aware of all of the risks inherent in Masters Swimming (training and competition), including possible permanent disability or death, and agree to assume all of those risks. AS A CONDITION OF MY PARTICIPATION IN THE MASTERS SWIMMING PROGRAM OR ANY ACTIVITIES INCIDENT THERETO, I HEREBY WAIVE ANY AND ALL RIGHTS TO CLAIMS FOR LOSS OR DAMAGES, INCLUDING ALL CLAIMS FOR LOSS OR DAMAGES CAUSED BY THE NEGLIGENCE, ACTIVE OR PASSIVE, OF THE FOLLOWING: UNITED STATES MASTERS SWIMMING, INC., THE LOCAL MASTERS SWIMMING COMMITTEES, THE CLUBS, HOST FACILITIES, MEET SPONSORS, MEET COMMITTEES, OR ANY INDIVIDUALS OFFICIATING AT THE MEETS OR SUPERVISING SUCH ACTIVITIES. In addition, I agree to abide by and be governed by the rules of USMS. Finally, I specifically acknowledge that I am aware of all the inherent risks in open water swimming and agree to assume those risks (rule book article 203.1).

DATE _____ SIGNATURE _____

USA SWIMMERS ONLY SIGN:

In consideration of acceptance of this entry, I/we hereby, for myself/ourselves, my/our heirs, administrators and assigns, waive and release any and all claims against USA-Swimming, New Jersey Swimming, the Ocean County YMCA, Ocean County YMCA Swim Team, Lavallette Beach Patrol, Borough of Lavallette and their staffs for any injuries and/or expenses incurred by me/us at the swim meet, or while on the road to and from the meet. I/we are USA Swimming registered athletes and eligible to compete in all the events I/we have entered.

DATE _____ SIGNATURE _____

(Note: In granting this Sanction it is understood and agreed that USA Swimming shall be free from any liabilities or claims for damages arising by reason of injuries to anyone during the conduct of the event.)

OPEN SWIMMERS, USA SWIMMERS AND MASTERS SWIMMERS SIGN:

LIABILITY/PUBLICITY RELEASE: (failure to sign in with date will delay processing of your application.) Please accept my entry in the 2012 Mid Summer Mile Ocean Swim. I hereby state that I have conditioned myself to participate in this event. I myself, my executors, administrators and assignees, do hereby release and discharge the Ocean Swim Committee, Ocean County YMCA, Lavallette Beach Patrol, officials, sponsors and volunteers from any and/or all claims or liabilities from damages or injuries occasioned by my participation in the 2012 Ocean Swim. Further, I grant to all foregoing to use any photographs, motion pictures, recordings or any other record of this event for legitimate purposes.

DATE _____ SIGNATURE _____

PLEASE PRINT

Please make checks payable to:

Lavallette Lifeguard Boosters Association • P.O. Box 481 • Lavallette, NJ 08735

ALL FIELDS MUST BE COMPLETED FOR AN ELIGIBLE APPLICATION

PLEASE PRINT

T-Shirt: S M L XL XXL Sex: M F Age on race day: _____ **Wet Suit Worn** _____

Last Name: _____ First Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Competing in: ___ USA Event ___ USMS Event ___ OPEN Event

*USMS/USA Registration #: _____

***A copy of your USMS Registration Card is required to enter the USMS Event.**