

The Kids' Classic

Sheehan Classic Races for Kids

Red Bank, NJ - Marine Park

Friday evening, June 18, 2010, 6:30 pm

50 yd. trot up to half mile, from toddlers thru age 13.

The races start and finish in Marine Park. Each age group will have its own race. Children under 4 can run with a parent or guardian in our 50 yd. trot. Spotters and helpers will be on the course.

Medals to all Kids' Classic finishers.

Bring the family to enjoy Free Entertainment after the race, at the Sheehan Classic expo, on the banks of the Navesink.

POST-RUN TREATS for all kids participating in the Kids' Classic!

Face painting, characters and more.

All kids guaranteed a great time!



AGE	DISTANCE
up to 4	50 yards
5 & 6	100 yards
7 & 8	200 yards
9 & 10	440 yards
11, 12, 13	half mile

First Name: _____ **Middle Initial:** _____ **Last Name:** _____

Address _____

City: _____ **State:** _____ **Zip:** _____

Birth Date: _____ **Age (on race day):** _____ **Male:** _____ **Female** _____

Home Phone: _____ **Youth Shirt Size (circle ONE - no exceptions):** **YS** **YM** **YL**

Kids' Classic Entry Fee:

Early entry: postmarked before June 1 - \$12.00

Post entry: postmarked after June 1 - \$15.00

Entry Fee: \$ _____ **TOTAL**

Make checks payable to: The George Sheehan Classic

Mail to: GSC Kids - PO Box 7720 - Shrewsbury - New Jersey - 07702-7720

**YOU MUST ENCLOSE A SELF ADDRESSED, BUSINESS SIZED, STAMPED ENVELOPE
WITH EACH ENTRY MAILED IN BEFORE JUNE 1.**

FOR INFORMATION CALL: (732) 571-2162 website: www.sheehanclassic.org email: info@sheehanclassic.org

LIABILITY AND PUBLICITY RELEASE: (failure to sign with date will delay processing of your application.) Please accept my entry in the George Sheehan Classic Races/Walks. I hereby state I have conditioned myself to participate in the event I have chosen. I, for myself my executors, administrators and assignees, do hereby release and discharge the George Sheehan Classic, Inc, officials, sponsors, and volunteers from damages or injuries occasioned by my participation in The Sheehan Classic Races/Walks. I also authorize the Sheehan Classic, Inc. officials to utilize any photographs and video tape of my participation in The Sheehan Classic Races/Walks for any and all purposes. By signing my name below, I hereby certify that I have read all the terms and conditions of this release and do intend to be legally bound thereby. Athletes who participate in this competition will be subject to formal drug testing in accordance with USATF rules and IAAF Rules 144. Athletes found positive for banned substances or refuse to be tested will be disqualified from this event and will lose eligibility for future competitions. Some prescriptions and over-the-counter medications contain banned substances. Information regarding drug and drug testing may be obtained by calling the USOC Hot Line at 1-800-233-0393.

Parent Signature: _____ **Date:** _____

In case of emergency notify: _____ **Phone:** _____

