



Sponsored by: **MIDDLESEX RECREATION DEPARTMENT**
 1200 Mountain Ave., Middlesex, NJ 08846 • (732) 356-7400 x7 • recreation@middlesexboro-nj.gov



100th Anniversary Race Day

Middlesex Borough will celebrate its 100th Anniversary in 2013. In honor of this event Middlesex Recreation is sponsoring a race day under the direction of Rich Thomasey at Mountain View Park on Sunday, Nov. 4th.



DATE: Sunday, November 4, 2012 • Rain date: Sunday, November 11, 2012

PLACE/TIME: Mt. View Park, 300 JFK Dr., Middlesex, NJ 08846 • First race at 1:00PM • Please park near the basketball courts. Participants check in at gazebo near Rt. 28.

ENTRY FEE: \$5 for Individual Races, \$10 for the Family Race. Make checks payable to "Middlesex Recreation Dept."

ENTRY DEADLINE: Friday, October 19, 2012. Please return to Middlesex Recreation Dept.

AWARDS: Medals to the top 3 in each race, ribbons to all who run



QUESTIONS: Please call Rich Thomasey (732) 469-6308 or (908) 616-6738

ORDER OF RACES: Boys then Girls in all Races.



- | | |
|--|---|
| 1. Grade 5 & 6 - Mile | 5. Grade 9-12, open—1.5 miles |
| 2. Grade 3 & 4 - 1/2 Mile | 6. Public Employees - 1.5 miles |
| 3. Grades K-2 (400M - OK for parents to run w/child) | 7. Family - 1/2 Mile* |
| 4. Grades 7&8—Mile | 8. Stroller - 1/2 mile on track (baby w/a parent) Time Predicted Winner |

*All can run w/top 3 scoring. Medals to top 3 of top 3 families

CUT HERE AND RETURN TO MIDDLESEX RECREATION DEPT.

100th ANNIVERSARY RACE DAY ENTRY FORM

Please **PRINT CLEARLY:** Individual Entry Form.

Race Entered: check one: Grade Level Race Open Race Public Employee Family Stroller

Name _____ Contact Phone# _____ **BOY GIRL**
 Circle one

Address _____ C/S/Z _____

School _____ Grade _____

EMERGENCY TREATMENT RELEASE - Dates during which release is granted – from Nov. 4, 2012- Nov. 11, 2012.

Parent(s)/Guardian: Name _____ Cell # _____
 Name _____ Cell # _____

Contact e-mail _____

Other Contact in case of emergency (DO NOT USE YOURSELF):

Name _____ Phone _____ H / C / W Relation to child _____
 Specific medical allergies, chronic illness or other medical conditions the staff should be aware of:

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence. I confirm that my child is up to date on all immunizations as required by the NJ Dept. of Health and Senior Services Annual Immunizations Report. I also agree that all the information provided is correct and factual. If information is found to be false, I understand that my child will be expelled from program without reimbursement of fees paid. I agree that photos may be used for Borough website and/or publications.

Parent/Guardian Signature _____ Date: ____/____/____

DO NOT WRITE IN BOX - For Office Use ONLY

RCV'D _____ RCPT # _____