

**City Council**  
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**CITY OF LONG BEACH**

*Acting City Manager*  
 Robert Agostisi

*Assistant Superintendent*  
**Parks & Recreation**  
 Paul Ferrante



**DEPARTMENT OF PARKS & RECREATION**

**30<sup>th</sup> ANNUAL ROBERT McAVOY  
 LABOR DAY FIVE MILE RUN  
 Monday, September 2, 2019 - 8:00am**

**REGISTRATION:** Early Registration \$25.00 before August 30 by 3:00 p.m.  
 Late Registration \$30.00 day of race from 6:30 a.m. – 7:30 a.m.

**REGISTER ONLINE:** visit [www.longbeachny.gov/rec](http://www.longbeachny.gov/rec) or [www.runsignup.com](http://www.runsignup.com)

**SEND ENTRIES TO:** 30th Annual Labor Day Five Mile Run  
 Long Beach Recreation Department  
 700 Magnolia Boulevard  
 Long Beach, NY 11561 (Payable to City of Long Beach)

**COURSE:** Accurately measured five (5) mile, flat and fast course.  
 Start and finish on Laurelton Blvd and the boardwalk. Race timing by Start2Finish.  
 \*\*No baby strollers allowed on race course.\*\*

**AWARDS:** Awards to the first four male and female winners in each age category: 14 & under, 15 – 19, 20 – 24, 25 – 29, 30 – 34, 35 – 39, 40 – 44, 45 – 49, 50 – 54, 55 – 59, 60 – 64, 65 – 69, 70 – 74, 75 – 79, 80+; first overall male & female finishers; first Long Beach male & female finishers; and first in wheelchair division.

**T-SHIRTS:** Given to all registrants at number pick up on DAY OF RACE beginning at 6:30 a.m.

**For more information visit [www.longbeachny.gov/rec](http://www.longbeachny.gov/rec)**

LONG ISLAND  
 TRACK & FIELD



**All race participants are welcome to use the Beach for free by showing race # at beach entrance!**

**2019 Robert C. McAvoy Labor Day Five Mile Run (Registration - please print clearly)**

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 Long Beach Recreation Department and the City of Long Beach 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 have sufficiently trained for the completion of this run and my physical condition has been verified by a licensed medical doctor.

**PRINT NAME** \_\_\_\_\_ **M** \_\_\_ **F** \_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_ **TEL. #** \_\_\_\_\_

**AGE on 9/2** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_ **WHEELCHAIR** \_\_\_\_\_

**E-MAIL** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

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

(If under 17 years of age)

**FOR RECREATION DEPT. USE ONLY**

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