



ADDITIONAL INFO: SWIM STARTS: 6:30 p.m.

Timing-Finishline-Results: Compuscore

More info will be on Compuscore.com

Directions - follow signs to Seaside Heights, NJ

FROM WEST: PA Turnpike or its NE Extension to Schuylkill Expressway to Walt Whitman Bridge to 295 North, 295 N. to Rt. 70 E. to Rt. 37 into Seaside Heights.

FROM NORTH: NY Thruway to Exit 14 A, Garden state Parkway connection, thru to Exit 82; or cross George Washington Bridge and follow directions to NJ Turnpike to Exit 11, Garden State Parkway connection, South to Exit 82.

FROM SOUTH: Follow US 40 or MD-DE Highway Interstate 95 to US 40; cross Delaware Memorial Bridge, continue to NJ Turnpike to Rt. 70E., Rt. 70 E. to Rt. 37 into Seaside Heights, NJ.

PARKING: Metered Parking in town east of Central Ave. Free parking in town west of Central Ave. Also there is a municipal parking lot at Herring Avenue at the race registration site.

IMPORTANT SWIM INSTRUCTIONS:

- **WAVE ASSIGNMENTS** will be 5 minutes apart. You must start in your assigned wave for correct timing.
- This is a point-to-point 1 Mile Open Ocean Swim. You will swim out to the first turn buoy which will be on your left shoulder for a left turn. You will then be swimming parallel with the beach. You will make another left turn at the turn buoy to come straight into the shore line. You are finished at the clock!
- You will be given a band that will distinguish what wave assignment you started in.
- No passing in the Finish Line Chute
- When finished, you will be at the post-race celebration with barbecue, refreshments and awards.
- The swim course is lined with lifeguards on water vehicles, EMT in water and at finish.

SPECIAL THANKS: THE BOROUGH OF SEASIDE HEIGHTS

SEASIDE HEIGHTS BEACH PATROL

THE MAYOR AND COUNCIL OF SEASIDE HEIGHTS

The Race Sponsors



2006

SEASIDE

HEIGHTS

JOHN BOYD

MEMORIAL

OCEAN SWIM

AUGUST 6,



2006

JOHN BOYD

MEMORIAL

OCEAN SWIM

AUGUST 6, 2006

SEASIDE HEIGHTS, NJ

Hosted by the Lifeguard Association of Seaside Heights

JOHN BOYD MEMORIAL OCEAN SWIM

8/6/2006—6:30 p.m.

AWARDS—BEACH PARTY—BARBECUE—T-SHIRTS

“IF IT’S HAPPENING...IT’S IN SEASIDE HEIGHTS, NJ”

Lifeguard Association of Seaside Heights
Municipal Building
901 BLVD.
SEASIDE HEIGHTS, NJ 08751

2006
SEASIDE HEIGHTS
JOHN BOYD MEMORIAL SWIM

ONE-MILE OPEN OCEAN SWIM – Starts: 6:30 p.m.
SUNDAY, AUGUST 6, 2006
SEASIDE HEIGHTS, NEW JERSEY



DIVISIONS

- OPEN DIVISION – CASH PRIZE
- HIGH SCHOOL DIVISION
- MASTERS (50+) DIVISION

AWARDS

TOP 3 MALE AND FEMALE SWIMMERS IN
EACH DIVISION

REGISTRATION:

1 MILE SWIM ENTRY FEE: \$20
REGISTRATION: 4:00 P.M.
Hiering Avenue
(North End of Boardwalk)

**GREAT BEACH BARBECUE WITH
AWARDS CEREMONY— FOOD,
DRINKS AND T-SHIRTS TO ALL
ENTRANTS!**

TAKE THE CHALLENGE!

***Beach Barbecue after the swim featuring music from 105.7 The HAWK
Includes: Beer, Soda, Water, Hot Dogs, Hamburgers, and Salads
\$10.00 entry fee into beach party for all non-race participants***

CHECKS PAYABLE : L.A.S.H. (Lifeguard Association of Seaside Heights)
Municipal Building
901 Boulevard
Seaside Heights, N.J. 08751

Questions or Assistance: Call 732-793-4646 (Lifeguard Headquarters) and ask for Rob Connor or www.compuscore.com

----- cut & mail -----

ENTRY FORM & RELEASE: GENDER: M F SWIM DAY AGE: _____

Last Name: _____ First: _____

Street: _____ City _____ State _____

Zip / / / / / Phone: _____ Email Address: _____

Waiver & Release from Liability-All entrants must read and sign:

In consideration for accepting this entry, and the granting of the right to participate in this event, I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, personal representatives, successors, and assigns, waive and release any and all claims for losses and damages I may have against event committee, volunteers, event sponsors, L.A.S.H., participating towns or Boros., Compuscore, all their representatives, successors, and assigns and or other person whomsoever for any and all injuries, illness, including death, that may result from my participation in said event. I represent and affirm that I am in good physical condition to participate in this event, and verified by a licensed physician have sufficiently trained for the completion of this event.

Signature: _____ (Parent/Guardian Must Sign If Under 18) Date: _____