

# Smile Mile Kids' Run

**Date**

Saturday, March 10, 2012

**Location**

Blue Jacket Park at Baldwin Park  
2501 General Rees Ave  
Orlando, FL 32814



NOTE: Parents cannot be on the course pacing children.

**\*Start Times/Age/Gender**

8:00: 11-year boys	9:30: 8-year boys	
8:15: 11-year girls	9:45: 8-year girls	
8:30: 10-year boys	10:00 7-year boys	
8:45: 10-year girls	10:15 7-year girls	**11:00 5-year boys (.5 mile)
9:00: 9-year boys	10:30 6-year boys	**11:15 5-year girls (.5 mile)
9:15: 9-year girls	10:45 6-year girls	**11:30 4-under kids' run

**\*All times are a.m. and are subject to change. \*\*Un-scored.**

**Registration:**

Submit this form & payment to the Front Office or send in via Backpack

**Entry Fee** - Entry fees are nonrefundable and non transferable.

Thru March 3 \$5  
March 4 – 9 \$7  
Day of Race \$10 **Cash/Check Only**  
Kids' Run Free (4-under)

**Restrictions**

For safety reasons, baby joggers/strollers, bicycles, roller skates, in-line skate, dogs and parents pacing children are prohibited from the racecourse. The use of headphones is discouraged.

**Packet Pick Up:**  
We will pick up all race packets and give them to the students prior to race day.

**T-shirts**

All Smile Mile registered entrants receive a t-shirt. Sizes are not guaranteed for race day registration. **Size Key:** YS=6-8 YM=10-12, YL=14-16; adult small, medium and large available.

**Awards**

- Top three boys and girls in each age group.
- Medals will be given to all finishers courtesy of **The Musante Family Charitable Trust**
- **Participation Award.** A \$500 Track Shack Foundation grant will be awarded to one school from each county with the most runners participating! To qualify a school must have a minimum of 25 runners participating.

**Beneficiary**

Proceeds from the *Smile Mile* benefit the Track Shack Foundation. For more information on the Track Shack Foundation, please visit [www.TrackShack.com](http://www.TrackShack.com)



Florida Hospital for Children

Healthy100Kids

# Smile Mile

Thru March 3 \$5  
March 4 – 9 \$7  
Day of Race \$10 **Cash/Check Only**

OFFICIAL USE ONLY

Child's Last Name	Child's First Name												
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
Address (Street)				Apt./Suite #		Date of Birth							
<input type="text"/>				<input type="text"/>		<input type="text"/>							
City		State	Zip Code		Name of School and County								
<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>								
Day Phone		Evening Phone		T-shirt Size – Please see T-shirts above									
<input type="text"/>		<input type="text"/>		<table border="1" style="display: inline-table; text-align: center;"> <tr> <td>YS</td> <td>YM</td> <td>YL</td> <td>S</td> <td>M</td> <td>L</td> </tr> </table>				YS	YM	YL	S	M	L
YS	YM	YL	S	M	L								
Method of Payment		CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CHARGE <input type="checkbox"/>		___Visa___MasterCard___Amer. Ex.		Expiration Date:							
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>							
				<b>Amount Enclosed</b>		Make check or money order payable to: <b>Track Shack Fitness Club</b>							

**INCOMPLETE OR UNSIGNED ENTRY FORMS WILL NOT BE ACCEPTED.** In consideration of my child's, or the child in my care, entry being accepted, I intend to be legally bound, and do hereby, for myself, my child or the child in my care, my heirs, executors, waive and release all rights and claims for damages which may have or which may hereinafter accrue to my child or the child in my care against Track Shack, Track Shack Foundation, Track Shack Fitness Club, Event Marketing and Management International, Inc., and their sponsors for the event upon which my child or the child in my care is entering, any subsidiary or political division thereof, of their respective officers, agents, directors, representatives, successors, assigns, and sponsors for any and all damages or injuries which may be sustained and suffered by me in connection with my association with entry or participation in the event as is mentioned above. If my child or the child in my care should suffer injury or illness I authorize officials of the race to use their discretion to have my child or the child in my care transported to a medical facility, and I take full responsibility for this action. I attest and certify that my child or the child in my care is physically fit and has sufficiently trained for the completion of this event. I hereby grant full permission to any and all of the foregoing to use any photographs, videotapes, motion pictures, recordings or any other record of this event for any purpose. I HAVE READ THE ABOVE RELEASE AND UNDERSTAND THAT MY CHILD OR THE CHILD IN MY CARE IS ENTERING THIS EVENT AT HIS/HER OWN RISK.

**Parent/Guardian signature is required** \_\_\_\_\_ **Date** \_\_\_\_\_