



# 14th ANNUAL PLUNGE FOR PATIENTS

Hosted by Morey's Piers

Benefiting the Johns Hopkins Patient and Family Fund

In cooperation with the North Wildwood, Wildwood & Wildwood Crest Beach Patrols

**SATURDAY, JUNE 20, 2009**

Registration will be at the Wildwood Convention Center, 4501 Boardwalk.  
Convention Center parking at Rio Grande Avenue and the Boardwalk.

**Registration and Check-In on Saturday 6/20/09, 2:00 - 5:15 PM**

**1-Mile Ocean Swim, 6:00 PM (400 swimmers)**

**5K Beach Run, 6:00 PM (250 runners)**

**1-Mile Fun Walk, 6:00 PM (Unlimited)**

**All athletes must check in at registration area at least 45 minutes before the race.**

**Beyond the Breakers Novice Swim, 7:00 PM (50 swimmers)**

Breakers registration 2:00 – 5:15 PM at the Wildwood Convention Center or from 5:30 – 6:45 PM at Schellenger Avenue finish line in the refreshment tent on the beach.

If mailing entry form, must be postmarked by 5/27/09. Must register online by 6/1/09 to receive an event tee shirt. Online registration available through 6/17/09 at 5:00 PM – [www.plungeforpatients.org](http://www.plungeforpatients.org).

## **IMPORTANT INFORMATION**

5K Run, 1-Mile Fun Walk, and 1-Mile Swim start at Cresse Ave. and finish at Schellenger Ave. The swim will go south to north (direction may be changed by beach patrol captain based on conditions). Swim bags will be transported from the start to the finish. Water is expected to be 60-70 degrees. Wet suits are encouraged. There is a one-hour time limit to complete all races.

Beyond the Breakers Novice Swim starts at Schellenger Ave. in 2 waves, experienced swimmers/beginner swimmers; an adult may accompany children free of charge.

## **SAFETY**

**ALL ATHLETIC EVENTS MAY BE CANCELLED BY WILDWOOD BEACH PATROL CAPTAIN LOU CIRELLI FOR UNSAFE CONDITIONS. SORRY - NO RAINDATE - NO REFUNDS.**

Lifeguards and EMTs will patrol entire course. Swim courses will be well marked with flags. Athletes who are unable to complete race will be transported to the finish. **ALL ATHLETES MUST REPORT TO THE FINISH LINE AND TURN IN RACE TAGS.** A triage tent will be at the finish line staffed by the Burdette Tomlin Memorial Hospital ER staff. An ambulance will be available for transport to local hospital if necessary. All 1-mile swimmers ages 12 and under **MUST** be accompanied by an adult in the water during the race.

## **ELIGIBILITY**

All Plunge events are open to anyone.

## **ENTRY FEES**

Pre-registration fee \$25 per event postmarked by 6/1/09.  
Online registration \$25 per event closes at 5:00 PM 6/17/09.  
Race day registration \$30 per event.

## **AWARDS**

- ▶ Overall male and female winners of swim and run receive plaques and medals.
- ▶ Two year age groups starting 8 & under, 5-year age groups starting 19-24, top 3 receive medals.
- ▶ Medals to all Beyond the Breakers participants.
- ▶ All members of the largest pre-registered team will receive an amusement pier pass good for June 20 and 21. All team members must enter under the same team name. Pier passes will be given to the team coach after the close of all race events.

## **AMENITIES**

- ▶ Tee shirts to all pre-registered athletes who register by 6/1/09.
- ▶ Swimmers receive cap, runners and walkers receive slap band.
- ▶ Refreshments at finish line.
- ▶ Post race dinner 8:00 PM - 10:00 PM (limited to first 1000 signed up for the dinner, wrist band pick-up at registration required), free to pre-registered athletes, \$10.00 friends and families. Located at the picnic area at Mariners Landing to the left of the big Ferris wheel at Schellenger Ave. and the beach.

## **ACCOMMODATIONS AND DIRECTIONS**

(800) 786-4546 [www.wildwoods.org](http://www.wildwoods.org)

# Plunge for Patients

Attention cancer patients and families – please call 443-271-2926 before completing this form.

Last Name:		
First Name:		
Street:		
City:	State:	Zip:
Birth Date:	Age:	Sex:
Home Phone:	Cell Phone:	Email:

Please circle each race you wish to enter:			
1-Mile Swim	Beyond the Breakers novice swim	5K Beach Run	1-Mile Fun Walk

Please circle your T-shirt size: (only if registered by 6/1/09)	CHILD	S	M	L		
	ADULT	S	M	L	XL	XXL

Please list any medical alerts or conditions below:

Swim Team or Running Club Name (All team members must use the same team name):	
Physically challenged athlete with special needs?	

<p>If mailing entry form, must be postmarked by 5/27/09. Online registration \$25 per event closes at 5:00 PM 6/17/09.  Race day registration \$30 per event.  Are you attending the post race dinner 8-10 PM? Yes ___ No ___  (free to pre-registered athletes, patients, patient family members, and volunteers)  Are you bringing guests to the post race dinner? (\$10 gift per person for guests of athletes) Yes ___ No ___ Total # ___  <b>Please make checks payable to: Johns Hopkins Medicine and send to:</b>  <b>Johns Hopkins Hospital, Attn. Barry L. Miller, 401 N. Broadway, Weinberg Building, Suite 1210, Baltimore, MD 21231</b>  <b>MUST BE POSTMARKED BY JUNE 1, 2008</b>  <b>ENTRY FEE: _____ BEACH PARTY FEES: _____ ADDITIONAL GIFT: _____ TOTAL: _____</b>  <b>IF PARTICIPATING AS A PATIENT OR FAMILY MEMBER OF A PATIENT AT THE POST RACE DINNER,</b>  <b>A SEPARATE PARTICIPATION FORM MUST ALSO BE FILLED OUT AND SUBMITTED.</b>  <b>Call Viki Anders for more information at 443-271-2926.</b></p>
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Waiver & Release:
<p>In consideration for accepting this entry and granting of the right to participate in this event, I, the undersigned, intending to be legally bound, hereby, for myself and my heirs, waive and release for any and all claims, damages, cost or expenses which may arise against personal damages I may have against The Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins, the Cities of North Wildwood, Wildwood, and the borough of Wildwood Crest and the North Wildwood, Wildwood, and Wildwood Crest beach patrols, The Morey Organization, sponsors, event representatives, successors, and assignees and/or any 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 proper physical condition to participate in this event as verified by a licensed physician and have sufficiently trained for the completion of this event. The undersigned has read and voluntarily signed this waiver and release.</p>

Signature:		Date:	
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Parent/Guardian (if participant is under age 18):	
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**WEB SITE: [www.plungeforpatients.org](http://www.plungeforpatients.org)**  
For information about Morey's Piers, please visit their homepage at [www.moreyspiers.com](http://www.moreyspiers.com)  
For additional information, please contact **Viki Anders** at **443-271-2926** or send an e-mail to Barry Miller at [milleba@jhmi.edu](mailto:milleba@jhmi.edu).  
For hotel and motel information, call 800-786-4546 or visit the web site at [www.wildwoods.org](http://www.wildwoods.org)