



MID-STATE
HEALTH CENTER



Rotary
Club of Bristol, NH



NH KIDS MARATHON

INFORMATION PACKET

In association with the New Hampshire Marathon
Held on Saturday, September 30, 2023

WHO

This FREE event is being offered to all children in grades K-8 are eligible to participate. Parents are highly encouraged to participate by logging miles with their children.

WHY

To promote physical fitness, nutritious eating and an overall healthy lifestyle.

WHAT

The goal is to log 25.2 miles of running/walking/activity PRIOR to the Kids' Marathon, and then to participate in the race in Bristol, NH to complete the **final mile** at the NH Kids' Marathon sponsored by Mid-State Health Center and the Bristol Rotary Club.

WHEN

Race Day is Saturday, September 30, 2023

Check-in will begin at 8:00 am – at Kelley Park by Tennis Courts in Bristol - Race begins just after at 9:00 am

*Race Start is at the Old Mill Parking Area by the Multi-Use Path in Bristol, NH. (*kids will be bussed to the start)

Download Mileage Sheet, Participation Packet and get registered FREE online at nhmarathon.com

Celebration immediately after the race at Kelley Park to recognize this INCREDIBLE achievement for all children who complete the Kids' Marathon.

WHERE

Running can happen anywhere . . . in a neighborhood, at the beach, at the ball field, or a local track. Students need to be sure they are running in a safe place. Parents need to know where their children are when running/walking. Everyone needs to stay safe.

HOW

Kids can run/walk with mom, dad, brother, sister, or friend. The buddy system keeps kids safe and offers encouragement to all. Wear a good pair of sneakers and try to keep one pair just for running. Encourage kids to talk while they run. This will help them maintain an appropriate pace. It is important for kids to eat right, stay hydrated, and get plenty of sleep. The TTCC in Bristol is offers a running club during the summer, for more information visit their website at ttccrec.org or call at 603-744-2713.

Pre-registration recommended!

Complete registration form or register online at nhmarathon.com

First 50 registered will get a Free T-Shirt & special marathon finisher's medal! Only those with completed mileage logs will qualify for the first place age category trophies.

For more information, contact the NH Marathon: race@nhmarathon.com or 744-2713

*****This is not a school-sponsored event*****



NEW HAMPSHIRE MARATHON

30 North Main Street, Bristol, NH 03222
Phone: (603) 744-2713; Fax: (603) 744-3502
Email: race@nhmarathon.com Web: nhmarathon.com



KIDS MARATHON PARTICIPANT INFORMATION

First Name _____ Last Name _____ Age _____
Birth Date ____ / ____ / ____ Male ____ Female ____ Shirt Size (Youth sizes XSM to XLG) _____

FAMILY INFORMATION

Parent/Guardian _____ Secondary Contact _____
Mailing Address _____ Relationship to Participant _____
Town _____ State ____ Zip _____ Home Phone _____
Home Phone _____ Work Phone _____
Work Phone _____ Cell Phone _____
Cell Phone _____ Additional Contact _____
Email Address _____ Phone _____

TOWN OF RESIDENCE: _____

MEDICAL INFORMATION

Physician Information _____ Phone _____
Insurance Co. _____ Are your child's immunizations up to date? Yes ____ No ____

Please list any allergies, medications, or previous condition that we should be aware of:

RELEASE AND WAIVER / PHOTO RELEASE

In consideration of the acceptance of this entry, I do forever release the Bristol Recreation Advisory Council, the towns of Bristol, the State of New Hampshire, the NEAC and all sponsors, volunteers and organizers of the New Hampshire Marathon, Half Marathon, 10-Kilometer Road Race and Kids Marathon from any claims whatsoever arising from my and/or my child's participation in this event. I attest that my child and I are physically fit and sufficiently trained to compete in this event. The race director reserves the right to reject any entry and to shorten or cancel the event if environmental or other safety conditions so dictate. I give permission for the staff or volunteers of this event to contact the rescue squad for assistance and/or transportation to the nearest medical facility, should an injury occur which in their opinion requires medical attention. In the event that none of the before named relations can be reached I hereby give permission to the attending physician to administer whatever care he/she deems necessary for the safety of myself or my child. I give my permission to have my child's photo taken during this program and used for publicity purposes by the NH Marathon. I have read this Indemnity agreement and understand its terms.

X _____ DATE _____
PARENT/GUARDIAN SIGNATURE **DATE**

COMPLETE THIS REGISTRATION FORM OR REGISTER ONLINE AT NHMARATHON.COM

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MID-STATE HEALTH CENTER

