



**4<sup>th</sup> Annual  
Justin's Miracle Field  
Bunny Hop  
5K Run/Walk  
& 1 Mile Kid Fun Run  
Saturday, March 30<sup>th</sup>, 2013  
8:00 am**



The Miracle League of Camden County is raising money to complete the remaining projects at Justin's Miracle Field. Justin's Miracle Field has a rubberized surface which allows children with special needs, including those with walkers and wheelchairs, to participate in the game of baseball. Each player also has a buddy to help with batting, fielding and running bases. "Justin's Miracle Field" was built in memory of Justin Norris, who passed away in December 2009. There are over 1000 children in Southeast Georgia and Florida with special needs that could benefit from this field. Every child should have the opportunity to play baseball .

*Thank you for helping make this dream come true!*

Questions? Call 912-322-1970  
Email: [jeff@camdenmiracleleague.com](mailto:jeff@camdenmiracleleague.com)  
[www.camdenmiracleleague.com](http://www.camdenmiracleleague.com)  
[www.facebook.com/justinsmiraclefield](http://www.facebook.com/justinsmiraclefield)

**Date/Time/Location**

**March 30<sup>th</sup>/8:00am/St Marys United Methodist Church**

**Entry Fees 5K Run/Walk**

**Pre-registration Received by March 22<sup>nd</sup> ..... \$15**  
T-Shirts guaranteed to all pre-registered entries.

**Registration March 22<sup>nd</sup> thru Race Day ..... \$20**

**Kid's 1 Mile Fun Run.....\$10**

Please make your check payable to Justin's Miracle Field.

**Register by Mail**

P. O. Box 37, Kingsland, GA 31548

**Race Day Registration**

**Saturday, March 30<sup>th</sup> 6:30 am – 7:30 am**

St Marys United Methodist Church 106 East Conyers St, St Marys, GA 31558

3rd Annual Justin's Miracle Field Bunny Hop				Mail this portion to: P. O. Box 37, Kingsland, GA 31548. Please make your check payable to <u>Justin's Miracle Field</u> .			
Please mark which event you will participate in:				5K Run/Walk ( )		Kid 1 Mile Fun Run ( )	
First Name			Last Name			Male/Female	Age
Address						Date of Birth	
City		State		Zip		Event Shirt desired Yes ( ) No ( )	
						Youth T-Shirt	
						Adult T-Shirt	
						S M L XL	
						S M L XL XXL	
Area Code/Daytime phone				Email Address here:			
<p>In consideration of accepting this entry, I, the undersigned, intending to be legally bound, for myself, my heirs, my executors and administrators waive and release any and all rights and claims for damages I may have against race organizers (The Miracle League of Camden County, race officials, volunteers, City of St Marys, St Marys United Methodist Church, and any and all sponsors and their respective successors, and assigns for any and all injuries suffered by me in this event. I attest and verify that I will participate as a foot race entrant, that I have sufficiently trained for this event and my physical condition has been verified by a licensed medical doctor. Further, I hereby grant full permission to any and all the foregoing to use photos, videos, and any other record of this event for any purpose</p>							
Signature of Runner						Date	
Parent/Guardian Signature if runner is under 18 years						Date	
Emergency Contact and phone number: _____							