

Parents Keep This Information — Parents Turn This In

Location

Blue Jacket Park

2501 General Rees Ave. • Orlando, FL 32814

NOTE: Parents cannot be on the course pacing children.

Start Times Age / Gender *

8:00 a.m.	11-year boys
8:15 a.m.	11-year girls
8:30 a.m.	10-year boys
8:45 a.m.	10-year girls
9:00 a.m.	9-year boys
9:15 a.m.	9-year girls
9:30 a.m.	8-year boys
9:45 a.m.	8-year girls
10:00 a.m.	7-year boys
10:15 a.m.	7-year girls
10:30 a.m.	6-year boys
10:45 a.m.	6-year girls
11:00 a.m.	5-year boys (.5 mile)
11:10 a.m.	5-year girls (.5 mile)
11:20 a.m.	4-under kids' run (Free)**

*All times are am and are subject to change.

** Register on Race Day, T-shirt not included. Unscored, all finishers receive a ribbon!

Registration

Register Now at TrackShack.com

Walk in or mail completed entry form to Track Shack • 1104 North Mills Avenue Orlando, FL 32803 • 407-896-1160
Make check payable to: Track Shack Fitness Club

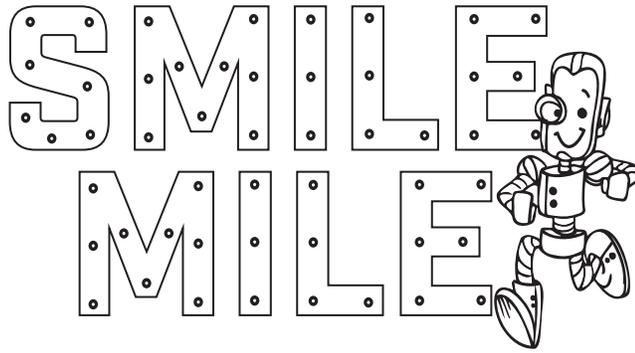
Entry Fee

Entry fees are non-refundable and non-transferable.

Processing fees apply.

Through January 26	\$14
January 25 - February 23	\$18
February 24 - March 7	\$23
Race Day	\$28
Kids' Run Free (4-under, Race Day Registration Only)	

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.



A One Mile Run Just For Kids!
Saturday March 8, 2025

Upper Blue Jacket Park



Packet Pickup

Race number, t-shirt, and information will be available for pickup at Track Shack, Thursday, March 6 - Friday, March 7 from 10 am to 6 pm and on race day at the race site beginning at 7 am.

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 S = Small, M = Medium, L = Large

Awards

Top three boys and girls in each age group.

Medals will be given to all half milers and milers, courtesy of the Musante Family 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



For more information on the Track Shack Youth Foundation, please visit TrackShack.com

For More Information or to Enter Online Run to TrackShack.com

Smile Mile 2025

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January 25 - February 23	\$18	Race Day	\$28
Kids' Run Free (4-under, Race Day Registration Only)			

OFFICIAL USE ONLY

Child's Last Name				Child's First Name				MI	Male	Female
Date of Birth (Day Month Year)				Age (On Race Day)		School Name				
County				Parent E-Mail						
Day Phone				Eventing Phone				Please see key above.		
Method of Payment				CVV		Amount Enclosed		Make check or money order payable to: Track Shack Fitness		
Expiration Date:				Month		Year		Mail completed entry form to: Track Shack, 1104 N Mills Ave Orlando, FL 32803 • 407-896-1160		

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: _____