







DRUMMOND REGIONAL SOAP BOX DERBY

126, ch. Drummond Station Rd., Drummond, NB E3Y 1W3

Tél./Ph.: 426-2449 *** Téléc./Fax: 473-3635 *** Website: www.drsbd.com *** Email: info@drsbd.com

SUPER KIDS as sanctioned by the National Super Kids Classic®

A SOAP BOX DERBY FOR YOUTHS WITH DISABILITIES

- -Must have a medically diagnosed disability, which a physician is willing to document
- -Must be at least seven(7) years of age prior to local special needs race (7-18).
- -May not exceed the weight limit of 185.
- -May not have reached their 19th birthday prior to the national race date.
- -May not be a current participant in ANY local or rally race division race (regular sbd racing)

LOCAL ORGANIZATION

- 1. Super Kids Division is the Soap Box Derby race for youths with disabilities to be held in Drummond, NB with the DRSBD Local Championship during the Gravity Festival held on June 4th, 2016
- 2. All derby cars will be provided for the race contestants by the LOCAL ORGANIZATION.
- 3. No derby cars of any type or style will be accepted for this division
- 4. National race will be a **double elimination** event
 - a) It will not be a time differential, wheel swap race
 - b) It will consist of one run from starting line to finish line being considered a complete heat with the winner remaining in the Winner's bracket, second place for that heat will be moved to the Challenger's bracket to continue in competition.
- 5. Heats will be two (2) car events
- 6. In the event of a bye, the racer may run that heat, unopposed, and remain in the winners bracket. This will be determined on race day by the Race Officials.
- 7. Volunteers will be present to handle cars at the starting blocks, and run-out area. Parents are expected to supervise their own child while not racing.
- 8. All contestants will be paired with a co-pilot driver, as near as possible, as to size and weight of his/her opponent and co-pilot for each heat in order to maintain equal and fair heats.
- 9. All forms included in this packet must be completed in full and submitted by deadline of May 1st, 2018

RACER REGISTRATION PACKAGE / INJURY WAIVER FORM

Child's Name:		Age :	Sex : M F
Address:		City:	
Province: Postal Code: Tel	ephone:	Mobile	:
Date of Birth : M D Y Email :			
Weight: lbs. Disability:			
Special Equipment Needed? YES NO If so,	what:		
If you have a wheelchair, is it a soft, collapsible, hard, el	ectric, or else?		
Will you have a service dog? YES NO			
I/We understand that the DRSBD Organization, Boa allow any child to participate in this event, should th			G
may constitute an unsafe condition for that child or		•	
National race.			
Parent/Legal Guardian Signature			
Print Name	D	ate	
PLEASE FILL AL	L APPLICAE	BLE BOXES	
T-Shirt: Youth Adult	Size: Small	Med Lar	ge X-Large

Parent or Guardian Waiver

I/We, the parents or guardian of the above named child, for ourselves and on behalf of said minor child, hereby agree that said child's participation in the Super Kids Division shall be undertaken at your own risk and that the **DRSBD**, the Corporation of the Drummond Municipality and it's sponsors shall not be liable for any claims, injuries, or damages which might occur to said child, his/her property, honor to said parents/guardians arising out of or connected with said minor child's participation in the Super Kids Division conducted in the Village of Drummond.

It is understood this event is covered by media and you have voluntarily agreed that all photos and publicity are the property of and for the sole use of the DRSBD.

In the event the said child is injured or suffers any short-term or long-term physical harm, I release the **DRSBD**, the Corporation of the Drummond Municipality, its organizers, promoters, and participants from any and all liabilities now or in the future including but not limited to medical hospital, paramedic or ambulatory care.

I/We release the **DRSBD**, **the Corporation of the Drummond Municipality**, its organizers, promoters, and members from liability for any and all injuries sustained now or in the future, including, but not limited to, pulls or tears (muscles, ligaments or tendons), muscle strains, broken bones or any other injury or illness however caused, occurring during or after my son/daughter's participation in the Soap Box Derby conducted in the Village of Drummond.

I/We hereby affirm that I/We have fully, understand and agree with the above statement.

Signed:		Date:	
Relationship to the participating c	hild :		
Contact Information:			
Name:			
Address:			
City:	Province:	Postal Code:	
Phone: (Home)	(Mobile)		
Email:			
Emergency Contact Inf	formation (if different fro	m Contact Information):	
Name:	Relation	Relationship:	
Address:			
Phone: (Home)	(Mobile)		

Mail to: DRSBD, 126 Drummond Station Rd., Drummond, NB E3Y 1W3

Or by fax: 1-506-473-3635

Or by email: register@drsbd.com