



2017 ASYMCA SOAPBOX DERBY RACE REGISTRATION/WAIVER

Please complete BOTH sides, printing LEGIBLY.

Parent/Guardian Name: _____

Phone Number: _____ Secondary Number: _____

Email: _____

Circle the option that best describes your family: Active Duty Retired Military Civilian

Child's Full Name: _____

Child's Age*: _____ Birthday: _____

Child's T-Shirt Size (Youth): XS S M L XL Other: _____

**In order to be eligible to race your child must have turned 5 no later than January 1st, 2017 and may not turn 15 any earlier than March 17th, 2017.*

Has your child raced in the ASYMCA Soap Box Derby before: YES / NO
Is your child reusing an old car? YES / NO If yes, are they reusing their old car number? YES / NO

As part of our annual reporting and grant writing, the ASYMCA is required to collect demographic information from our program participants. Please provide us with some information about yourself below.

Your Age: <input type="checkbox"/> Less than 18 <input type="checkbox"/> 18-29 <input type="checkbox"/> 30-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65+ <input type="checkbox"/> Prefer not to answer	Your Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Other: _____ <input type="checkbox"/> Prefer not to answer	Your Spouse's Age: <input type="checkbox"/> Less than 18 <input type="checkbox"/> 18-29 <input type="checkbox"/> 30-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65+ <input type="checkbox"/> I am not married <input type="checkbox"/> Prefer not to answer	Spouse's Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Other: _____ <input type="checkbox"/> Prefer not to answer
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For Office Use Only: Division Assigned: _____

Racer Sponsor: _____ Race Number Assigned: _____

Fee Paid (circle one): - \$35.00 per child: Check Number: _____ Cash: _____

Receipt #: _____ Date/Time: _____ Staff Initials: _____

Race Rules and Regulations:

Please initial that you have read, understand, and agree to all the following:

- _____ 1) I understand that I am to build the Soapbox Derby Racer WITH my child. Parents must be with their child when the child races the car at the event.
- _____ 2) I understand that I MUST display my sponsor's name and/or logo on two (2) different sides of the race car.
- _____ 3) The pit area opens at 9:30 AM with inspections beginning at 9:45 AM; racing begins at 10:30 AM on March 18th, 2017. Races will not be delayed for missing or late drivers. Damaged cars will have a limited time to get repaired. Late cars may get bumped or have to receive a DQ (disqualification).
- _____ 4) Each driver MUST wear a properly fitting helmet and closed toed shoes.
- _____ 5) There is a \$35.00 registration fee per child even if my child is reusing a car from a previous year or sharing a car with another racer.
- _____ 6) All participants are expected to behave with utmost sportsmanship towards their fellow competitors. Any unsportsmanlike behavior will not be tolerated and may result in an immediate DQ.
- _____ 7) Each car must have a braking system.

I, (print your name) _____ hereby understand and agree to the rules of the ASYMCA Soapbox Derby race.

I/we release and hold harmless the ASYMCA Twentynine Palms Branch and waive any claims against them and all of its employees/volunteers from all liability for any and all harm arising to myself, my son/daughter, or any family members as a result of this race.

I, hereby, give permission with respects to photographs, videos, motion pictures, and/or sound recordings being taken of me and/or my family to use, publish, republish, or distribute to a third party in the same, in whole or in part, for the ASYMCA or in printed materials, separately or in conjunction with other photographs or recordings. I release and discharge the ASYMCA from any claims and demands arising out of or in connection with the use of such photographs, videos, motion pictures and/or recordings. I agree to waive any claims against the ASYMCA and its members, partners, or volunteers for injuries or damages that may result from the conduct of other participants in ASYMCA programs.

Parent/Legal Guardian's Signature: _____ Date: _____



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