

## **Scout Soapbox Derby For Diabetes Application**

*please have this turned in by 4/1/2010*

*Mail to:*

*J Holdridge 5750 McNaughton Kyle. Tx 78640*

*for any questions please contact [juliaelizabeth@msn.com](mailto:juliaelizabeth@msn.com)*

*Please include \$20.00 entry fee payable to Pack 812*

**Car description or name:**

**Number of racers per car (maximum of 4):**

**Names of all racers:**

**(each racer must complete one of these forms)**

Racer's Name:

Address:

Age:

Grade:

School:

Are you a Cub Scout:

If yes, what Pack #:

Den:

Are you a Boy Scout:

If yes, what Troop #:

Patrol:

Is a guardian or parent present for race:

**(remember we require at least one parent or guardian present for the race)**

Emergency contact phone number:

Email contact to receive updates about race:

Any health conditions we need to know about:

### **Parent/Guardian please read and sign:**

I give permission for \_\_\_\_\_ to participate in the Scout Soapbox Derby for Diabetes on Sunday May 2, 2010 and do not hold the organizer, volunteers, and sponsors liable in any way for any injury or damage that may occur.

Signature of parent or legal guardian (if driver is under 18 years old)

Name \_\_\_\_\_ Signature \_\_\_\_\_

**\*Remember: all racers are required to have a helmet, knee pads, elbow pads, and mouth piece. All racers need applications to be completed and signed to participate.**