

# Greater Pennsylvania Super Kids

## Registration form

Name \_\_\_\_\_  
Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Address \_\_\_\_\_  
Email Address \_\_\_\_\_  
Parent/Legal Guardian \_\_\_\_\_  
Disability \_\_\_\_\_  
T-Shirt size: \_\_\_\_\_  
Child \_\_\_\_\_ Adult \_\_\_\_\_

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**Must have a copy of the child's Birth Certificate and school photo.**

I understand that the committee of the Greater Pennsylvania Super Kids has the right to refuse to allow any child to race should there be any question that participation in this race may be unsafe for that child or may threaten the safety of others participation in the race.

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.....

### **PARENT/ GUARDIAN'S WAIVER**

We (I), the parents or guardian of the above named child, for ourselves and on behalf of said minor child, hereby agree that said minor's participation in the Greater Pennsylvania Super Kids shall be undertaken at our own risk and the Greater Pennsylvania Super Kids and its sponsors shall not be liable for any claims, injuries or damages which might occur to said child, his property, or to said parents/guardian, arising out of or connected with said minor's participation in the Greater Pennsylvania Super Kids.

**DATE** \_\_\_\_\_

\_\_\_\_\_  
**Indicate relationship to the child.**

This form must be returned to Greater Pennsylvania Super Kids Registration Chairman by registration deadline June 1st.

**Greater Pennsylvania Super Kids  
Doctor's Health Examination Form  
(TO BE COMPLETED BY Physician)**

Participant's Name \_\_\_\_\_ Age \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_ Pulse \_\_\_\_\_

Abnormal Physical findings: \_\_\_\_\_  
\_\_\_\_\_

Should there be any limitations placed on participation in Derby Racing?  
Yes ( )      No ( )

Recommendations, if any: \_\_\_\_\_

I certify that I have on this date \_\_\_\_\_ examined participant and that, on the basis of the examination requested by Greater Pennsylvania Super Kids and participant's medical history as furnished to me, I have found no reason which would make it medically inadvisable for this participant to compete in supervised Soap Box Derby activities.  
(Note exceptions above)

PHYSICIAN'S SIGNATURE \_\_\_\_\_

Physician's Name (please print) \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_

Mail to: Pam Dorfi – Race Director and Registration Chairman  
1959 King Drive  
Hermitage, Pa. 16148  
(724) 347-6009  
(724) 301-0690

# Greater Pennsylvania Super Kids

## Participant information form

Participant's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Birth Date \_\_\_\_\_ Sex \_\_\_\_\_ Home Phone No. \_\_\_\_\_  
Email Address \_\_\_\_\_  
Parent/Guardian's Name \_\_\_\_\_  
Physician's Name \_\_\_\_\_  
Address \_\_\_\_\_

## Participant's medical history

### Has or is participant

Ever been hospitalized?	Yes ( )	No ( )
Had Surgery or been injured?	Yes ( )	No ( )
Serious medical illness?	Yes ( )	No ( )
Now under the care of a physician	Yes ( )	No ( )
Taking any medication	Yes ( )	No ( )
In a Wheelchair	Yes ( )	No ( )
Has any physician ever recommended or		
Do you feel that there should be limits		
placed on participation in this race?	Yes ( )	No ( )
Have known allergies to medication?	Yes ( )	No ( )
Wearing glasses or contact lenses?	Yes ( )	No ( )
Ever blacked out or lost consciousness		
during physical activity?	Yes ( )	No ( )
Are they Paraplegic or Quadriplegic?	Yes ( )	No ( )

If any of the above are yes, please specify \_\_\_\_\_

\_\_\_\_\_

We consent to participation of the above named participant in the Greater Pennsylvania Super Kids, including practice sessions if available. We also agree to emergency medical treatment as deemed necessary.

Participant's Name \_\_\_\_\_

Parent of Guardian \_\_\_\_\_

# Greater Pennsylvania Super Kids

Participant biographical sketch

CHILD'S

NAME\_\_\_\_\_NICKNAME\_\_\_\_\_

SCHOOL ATTENDING\_\_\_\_\_

GRADE\_\_\_\_\_EDUCATIONAL INTERESTS\_\_\_\_\_

Sister/Brother at home:

Name and Age

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CHILDS HOBBIES: \_\_\_\_\_

PETS:

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Does your child have a special hero/heroine? \_\_\_\_\_

Give us some information that is unique to your child, something that makes him/her a SUPER KID. (Ideas; likes/dislikes, hobbies, favorite foods, does he/she collect something, special interests in sports, games, etc.) This information will be printed in the program under your child's picture.

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THANK YOU

**Registration to be returned by June 1st**

Pam Dorfi – Race Director and Registration Chairman

1959 King Drive

Hermitage, Pa. 16148

(724) 347-6009

(724) 301-0690