

**NATIONAL SUPER KIDS CLASSIC®****P.O. BOX 7372 Akron, Ohio 44306**

info4@nationalsuperkids.org

[www.nationalsuperkids.org](http://www.nationalsuperkids.org)**REQUIRED**

Form &amp; Parent Waiver

Champion Biographical Information & Champion Photo (can be done online)  
[www.nationalsuperkids.org/champs/bio-form.html](http://www.nationalsuperkids.org/champs/bio-form.html)

Doctor Examination Form

Copy of Birth Certificate

Photo Release Form (must be completed in full with permission)

Release for Car Passengers (must be completed in full with permission)

Hotel Reservation for the racer and their immediate family will be made by the National Super Kids board to ensure that the racers are at the host hotel, Cambria Suites at 1787 Thorn Drive, Uniontown, Ohio with the overflow at the Holiday Inn Express at 898 Arlington Ridge East, Akron, Ohio. Extended family and race directors can reserve a room at the Holiday Inn Express, they have extended a special rate to the National Super Kid's supporters. Deadline is July 3rd to receive the special rate. A credit card is required to guarantee your room reservation at the Holiday Inn Express.

## NATIONAL SUPER KIDS CLASSIC® OFFICIAL REGISTRATION FORM

Local Champion Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Birth date \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Weight \_\_\_\_\_ T-Shirt size \_\_\_\_\_ Youth \_\_\_\_\_ Adult \_\_\_\_\_

Disability \_\_\_\_\_ Special Equipment needed? \_\_\_\_\_

If you have a wheelchair is it a soft, collapsible, or hard, electric? \_\_\_\_\_

If so what: \_\_\_\_\_

Will you have a service dog? Yes \_\_\_\_\_ No \_\_\_\_\_

Photo enclosed? Yes \_\_\_\_\_ No \_\_\_\_\_ Birth Certificate enclosed? Yes \_\_\_\_\_ No \_\_\_\_\_

I/We understand that the National Super Kids Classic® Organization, Board of Directors and/ or Officials retain the right to refuse to allow any child to participate in this event, should there be any question that participation in this National race may constitute an unsafe condition for that child or may threaten the safety of others participating in this National race.

Parent/Legal Guardian Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

### PARENT/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 National Super Kids Classic® shall be undertaken at your own risk and that the National Super Kids Classic® 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 National Super Kids Classic®. 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 National Super Kids Classic®.

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Relationship to participating child \_\_\_\_\_

**This form MUST be returned to: NATIONAL SUPER KIDS CLASSIC® P.O. BOX 7372 Akron, Ohio 44306 by Registration deadline or child will not be eligible to participate.**

ENTRIES WILL BE ACCEPTED ON A FIRST COME FIRST SERVED BASIS, LIMITED TO THE FIRST ONE HUNDRED (100) INVITATIONAL RESPONDING CHAMPIONS.

**NATIONAL SUPER KIDS CLASSIC®**  
**CHAMPIONS BIOGRAPHICAL SKETCH**

Champion's Name \_\_\_\_\_

Name Announcer should use \_\_\_\_\_ Race City \_\_\_\_\_

School \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_

Grade \_\_\_\_\_ Educational Interests \_\_\_\_\_

Sisters/Brothers at home \_\_\_\_\_ Ages \_\_\_\_\_

Hobbies \_\_\_\_\_

Pets \_\_\_\_\_

Does your Champion have a special Hero/Heroine? \_\_\_\_\_

What information can you provide that is unique to your child that makes him/her a SUPER KID? (Suggestions: likes or dislikes favorite foods, collections, special interest in sports, games, etc.) You may want to express how previous experiences in this type of event or other special events have benefited your Champion. This information may be used in our program, along with the racer's picture and may be considered for use in promotional spots for this event.

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**NATIONAL SUPER KIDS CLASSIC®**  
**DOCTOR'S EXAMINATION FORM**  
**(TO BE COMPLETED BY PHYSICIAN)**

Duplicate form if necessary

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

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Should there be any limitations placed on this child's participation in The National Super Kids Classic®? Yes \_\_\_\_\_ No \_\_\_\_\_

Does this child have known allergies to any medications? \_\_\_\_\_

Are there any allergies to food? \_\_\_\_\_

Recommendations: (use attachment if necessary)

\_\_\_\_\_  
\_\_\_\_\_

I have on this date \_\_\_\_\_ examined the above participant and on the basis of my examination, as requested by the National Super Kids Classic® officials and his/her medical history as furnished to me, I find no reason which would make it medically inadvisable for this child to compete in a supervised soap box derby activity. (Note exceptions above).

Physician's Signature \_\_\_\_\_

Name print) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

St \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

**Doctor: PLEASE DELIVER THIS FORM TO ABOVE NAMED CHILD'S PARENT/GUARDIAN FOR INSERTION IN OFFICIAL REGISTRATION PACKET. THERE IS A DEADLINE SO PLEASE DON'T DELAY.**

PHOTOGRAPH RELEASE FORM

In consideration of my child's picture being taken, upon the terms hereinafter stated, I hereby grant the National Super Kids Classic® and committee, their legal representatives and/or designates the absolute right and permission to copyright and use, reuse and publish, and republish photographic portraits or pictures of (stated child) in which they may be included, in whole or in part, or composite or distorted alterations from time to time, in conjunction with his/her own or a fictitious name, or reproductions thereof in color or otherwise made through any media at his studios or elsewhere for art, advertising, trade or any other purpose beneficial to the National Super Kids Classic®.

I also consent to the use of any printed matter in conjunction therewith.

I hereby waive any right that I may have to inspect or approve the finished product or products or the advertising copy or printed matter that may be used in connection therewith or the use to which it may be applied.

I hereby release, discharge and agree to save harmless National Super Kids Classic® and all Board members, committee members, their legal representatives or assigns, and all persons acting under their permission or authority or those for whom they are acting, from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise that may occur or be produced in the taking of said picture or in any subsequent processing thereof, as well as any publication thereof.

I hereby warrant that I am the parent/legal guardian of said child and state that I have read the above authorization, release, and agreement prior to its execution, and that I am fully familiar with the contents thereof.

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(Champion's name)

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(Parent/guardian signature)

**This form must be completed in full before your child may participate.**

NATIONAL SUPER KIDS CLASSIC®

Release for Car Passengers

In consideration of being permitted to participate in any event sponsored, promoted, or directed by National Super Kids Classic,® (“NSK”), the undersigned, passengers for himself/herself, his/her personal representatives, heirs and next of kin HEREBY RELEASES NSK and its respective parent corporations, subsidiaries, officers, directors, promoters, sponsors, employees, volunteers and agents (“releasees”) of all liability to the undersigned, whether caused by the negligent act or omission of releasees or otherwise while the undersigned is for any purpose a passenger in a vehicle driven by releasees. It is fully understood by the undersigned that there is some inherent risk associated with transportation, including damage to vehicles, or to persons, during transportation to airports, hotels and to the location of the event. IN ADDITION, the undersigned AGREES TO HOLD HARMLESS the releasees from any loss, liability, damage, or cost they incur due to being a passenger in a vehicle of releasees, and any passengers (including minors) whether caused by releasees’ negligence or otherwise, and AGREES TO ASSUME FULL RESPONSIBILITY AND RISK for any bodily injury, death, or property damage from releasees’ negligence or otherwise while the undersigned is a passenger in one of releasees vehicles. In signing this release, each of the undersigned hereby acknowledges and represents the following:

- 1. That he or she has read the foregoing Release and Waiver of Liability and Indemnity Agreement; and understands that he/she is assuming liability for their own personal or bodily damage that may occur during an accident.
- 2. That he or she shall at all times, while riding in a vehicle participating in this event, wear his or her respective seat and shoulder belts.
- 3. That the owner/driver certifies that he/she has inspected this vehicle and it is in good mechanical condition.

For minors participating in the event, one parent with legal custody or the minor’s legal guardian must sign this release form on the minor’s behalf and write the word “minor” and age next to the minor’s name.

\_\_\_\_\_  
Participant’s Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

**This form must be completed in full before your child may participate.**