



Teen Driving Safety Roadeo
Presented by:
The Kiwanis Club of Greater Dublin

Sunday, September 26, 2010 12:00 Noon to 4:30 PM
Ashland, Inc.-5200 Blazer Pkwy., Dublin 43017

REGISTRATION FORM

Please return the registration and liability forms as well as copies of your insurance card and child's license or permit by Friday, September 17, 2010.

Mail: Karen Shepherd, 8457 Invergordon Court, Dublin, OH 43017
Fax: 614-766-8474 - attn: Karen Shepherd E-Mail: registrar@teendrivingroadeo.com

At your school: Look for the drop box in your schools office.
For more information, please e-mail info@teendrivingroadeo.com or check out http://teendrivingroadeo.com. You will receive an e-mail confirmation after submitting the completed forms.

Students Name: \_\_\_\_\_

Students E-Mail: \_\_\_\_\_

High School: \_\_\_\_\_ 2010/2011 Grade Level: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

Parent's/Guardian's E-Mail: \_\_\_\_\_

Home address: Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact: (name and phone) \_\_\_\_\_

Will the participant have her/his driver's license or permit September 26, 2010? (Please circle) license permit
Note: If you are permit holder, you will only be able to participate in certain driving activities.

T-shirt size (please circle) SM MED LG XLG XXL

RELEASE OF LIABILITY / PARENTAL PERMISSION

My child, \_\_\_\_\_ has my permission to participate in the Teen Driving Safety Roadeo.
By signing below, I am indicating that the registration information is accurate. I understand that any misrepresentation of the registration information may disqualify my child for any prizes. I will inform Karen Shepherd of any changes.

I understand my son/daughter will be asked to operate a motor vehicle under controlled conditions on a maneuverability course.
I also understand that my son/daughter will be taking part in traffic safety learning stations.

I do maintain insurance for a liability bond on my vehicle. I agreed to release the organizers and all parties involved from any liability in the event of injury or damage caused by mechanical failure of any vehicle or by my child not following the rules or instructions given by the monitors. I also agree to accept responsibility for the actions of my child while participating in the event. I give permission to use photos of my child for event promotion.

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

Date \_\_\_\_\_

Name and phone number of your insurance company or agent \_\_\_\_\_

Please include a copy of your automobile insurance card and a copy of your child's license or permit.