



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

**Sunday, September 25, 2011 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 16, 2011

Mail: Karen Shepherd, 8457 Invergordon Court, Dublin, OH 43017

Fax: 614-766-8474 – attn: Karen Shepherd

E-Mail: DublinRodeo@gmail.com

For more information, please e-mail dublinroadeo@gmail.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: _____ 2012/2012 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 25, 2011? (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** **XXLG**

RELEASE OF LIABILITY / PARENTAL PERMISSION

My child, _____ has my permission to participate in the Teen Driving Safety Rodeo. 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.