



WWW.BROCKWEIR SOAPBOX DERBY.CO.UK

BROCKWEIR SOAPBOX DERBY
"Brake for the Border"

SATURDAY 16th SEPTEMBER 2023



BROCKWEIR
C.I.C.

JUNIOR ENTRY FORM

Contact Name:

Contact Address:

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Contact Tel No: E-Mail:

Name of Cart (for programme):

Name of Driver (for programme):

Age of Driver (if under 18 years on 16th September 2023) Parental/Guardian Consent
Yes / No / NA

Entry fee raised/included: £ Cash/Cheque made payable to "Brockweir CIC"
BACS Sort code: 20-60-58 a/c number: 03890740 Payee: Brockweir CIC (please state team name)

Minimum entry (£25 Junior) should be included with this form. You will not be entered until it is received in full.

Date.....

Notes:

- This form covers ONE entry only.
- Please read the Entry Rules for the Cart specification and the race format.
- Return completed entry form together with Sponsorship to: -
Post: The Secretary, Brockweir CIC, Hudnalls Farm, Hudnalls Loop Road, St.Briavels, GL15 6SQ Email: hq@brockweirsoapboxderby.co.uk
- Confirmation of entry will be notified by e-mail or post.
- Please fill out the description of you, your team and your Cart in the space below and, if available now (but if not later) return with a photo.
- For all enquiries regarding entry or rules please contact us on hq@brockweirsoapboxderby.co.uk

Office Use Only

Entry Paid

Disclaimer

P/G Consent

Scrutinised

Number Given

BROCKWEIR SOAPBOX DERBY SATURDAY 16th SEPTEMBER

2023 DRIVER CONSENT FORM

I, (please print full name), intend to take part and compete in the Brockweir Soapbox Derby on Saturday 16th September 2023. By signing this document I confirm that I have read, understood and shall abide by the Rules of Entry. I further accept full responsibility for my personal safety in the construction and running of my Cart in the event. I also acknowledge that neither the organisers of the event nor the Parish, District or County Council bear any responsibility for my safety.

Signed (Driver):

Date:

Parental/Guardian Consent Confirmation (Under 18s)

Must be completed by the parent or guardian of any competitor less than eighteen years of age on the day of the event.

I, (please print full name)

of (Address).....

Contact Tel No: E-mail

confirm that I am the parent/guardian* of the above named competitor and declare that I will be responsible for his/her* safety in every aspect of the rules of entry and running of the event. I accept that neither the organisers of the event nor the Parish, District or County Council bear any liability in this respect.

* delete as appropriate

Signed (Parent/Guardian):

In the presence of (Signature of Witness):

Date.....

Note

By signing this form I also agree that the organisers are able to use any photographic or video images taken during the event of the named competitor in future publicity and on the event website without being named.

Please provide us with some information on the driver, the team and the Cart. This will appear in our programme, and useful information can include:

- your inspiration
- any charity you are supporting
- why you are entering
- something funny about you or the team
- anything you like, so long as it's clean – this is a family event!

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If you happen to already have a photograph of the driver and Cart, please also attach or email to us

If you don't, please ensure you provide one by the 20st August 2023

Also, feel free to share photographs of your Cart's development on social media!

Medical Consent Form

Child's name: _____ Age _____
 Parent / carer: _____ Relationship to child: _____
 Contact Telephone Numbers (in case of emergency): _____ Mobile: _____
 Work: _____ Other: _____

Name of Doctor: _____
 Doctor's Address: _____
 Doctor's Tel no: _____

- I give consent for my child to take part in the Brockweir Soapbox Derby and agree to her/him taking part in the activities.
- I consent to my child receiving any necessary medical treatment, including anaesthetic as considered necessary by the medical authorities present.
- I declare that my child is of sufficient fitness to participate in the race
- I recognise that the course has inherent risks, including injury and that I understand those risks and accept them as part of the enjoyment.
- All organisers will not be liable, now or in the future, for any loss, expense, damage or claim I, or my child, might have against them for any damage to my property as a result of participation in the race.
- All race organisers will not be liable, now or in the future, for any loss, expense, damage or claim I might have against them for any damage to my property as a result of my participation in the event.

IN CASE OF EMERGENCY:

All information will be kept in the strictest of confidence and will not be kept longer than is necessary

Please complete the section below:

Tick if your child has had any of the following:			
Asthma or bronchitis		Fits, fainting or blackouts	
Sight or hearing impairments		Severe headaches	
Heart condition		Diabetes	
Travel Sickness		Any allergies e.g. food, material, dust	
Details of Drug/Food Allergies			

Please give details of any medical conditions which might affect your child's performance / safety on this course including any back / spinal problems:

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Has your child had a tetanus vaccination?		Other illness, medical condition or impairments?	
Have your child received medical or surgical treatment of any kind from either your doctor or hospital during the last three months?		Has your child been given specific medical advice to follow in emergencies?	
Does your child carry an Epi Pen?			

If the answer is YES please give details (including dosage of medicine)

Parent / carer's signature:

Date:.....