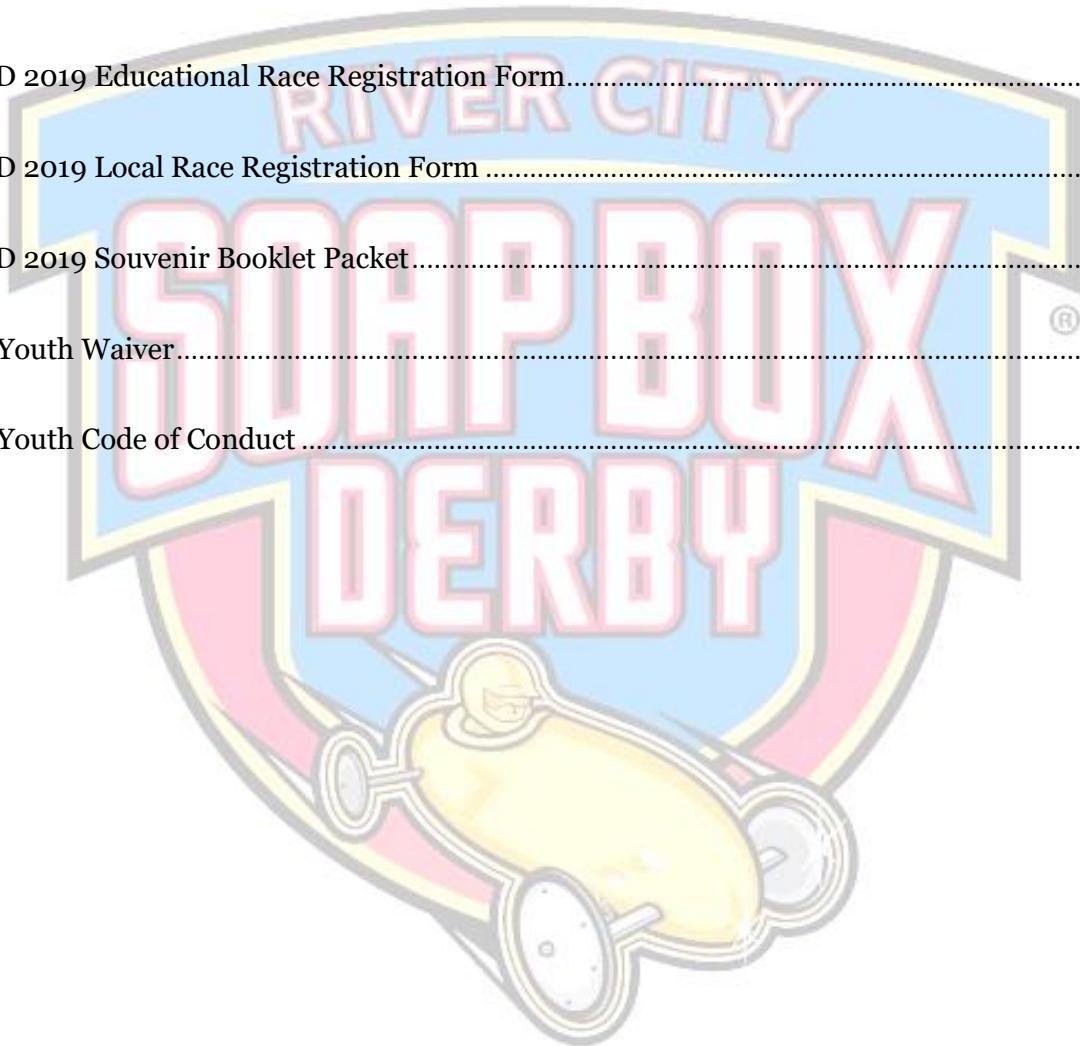




**2019 RACER  
INFORMATION PACKET**

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# Welcome Letter

Thank you for allowing your child(ren) to participate in the River City Soap Box Derby (RCSBD)! We are ALL revved up about hosting soap box racing for youth in our community and provide a THRILLING way for youth to see their hard work and dedication realized.

Here are a few details in preparation for our upcoming River City Soap Box Derby.

- **GENERAL RACE INFORMATION**

- Racers must complete a minimum of (1) racer clinic ( **MUST REGISTER ONLINE at <https://letsgrowsteam.org/racer-clinics/>** )
- Racers may attend additional clinics
- River City Derby will be hosted Saturday, June 8, 2019 on 17th Street (Next to Columbus High School)
- A maximum of 24 racers ages 7-17 will be allowed to compete – 12 in the Local Race and 12 in the Educational Race
- Racer must submit all forms and fee at time of registration

- **RACER PRIZES**

- 1st Place - \$300.00, a trophy and “Bragging Rights” for 1 year
- 2nd Place - \$200.00, a trophy and certificate
- 3rd Place - \$100.00, a trophy and certificate

- **RIVER CITY SOAP BOX REGISTRATION**

- River City Soap Box Registration Period is March 25<sup>th</sup> thru April 29<sup>th</sup>.
- Race registration fee covers t-shirt, trophy, medal or certificate, racer insurance, racer snacks and refreshments for derby day
- Registration has begun and ends June 30, registration fee is required per racer
  - **\$75.00 for educational race**
  - **\$125 for local race**
- For online race registration please visit us at <https://letsgrowsteam.org/soap-box-derby/>

- **WAIVED REGISTRATION FEE**

- Racers attaining \$100.00 (educational racers) and \$500 (Local racers) in souvenir journal ads will have registration fees waived.
- Souvenir journal ads must be in by deadline date (**April 29, 2019**) to qualify for waived registration fees

- **PICTURE DAY**

- All racers will be photographed for our souvenir journal. Local racers will be photographed on April 11, 2019 at 1830 Shepherd Dr, Columbus, GA 31906 in the Let's Grow STEAM<sup>x</sup>, Inc office/workshop at 6:30pm. Educational racers will have their pictures taken on April 24, 2019 at 2300 Whittlesey Rd, Suite E, Columbus, GA 31909 in Bliss Technology's office suite at 6:15pm. These pictures are at no cost to the racers.

Thank you again for your support and we look forward to growing this program in our community. Questions? Contact me directly at [robbie@letsgrowsteam.org](mailto:robbie@letsgrowsteam.org) or at 706-577-3409



# Educational Race Registration Form

Mark which Division you are participating in:

☐ Stock ☐ Super Stock

RACER NUMBER

Local Director's Use Only

Racer's Name \_\_\_\_\_ Local Race City Organization River City Soapbox Derby

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian Email \_\_\_\_\_ Phone \_\_\_\_\_

Is your car sponsored? ☐ Yes ☐ No Sponsored by \_\_\_\_\_ Registration Fee Paid \$ \_\_\_\_\_

T-shirt Size \_\_\_\_\_ (see codes below) Racer Number \_\_\_\_\_

(Youth Med (YM), Youth Large (YL), Adult Small (AS), Adult Med (AM), Adult Large (AL), Adult XL (AXL))

Racer Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's/Guardian's Name \_\_\_\_\_ Relationship to Racer \_\_\_\_\_

I, \_\_\_\_\_ (parent/guardian), hereby certify that my son/daughter/ward, \_\_\_\_\_, entrant in the official Soap Box Derby Local Race being held in Columbus, GA, has read and has read the completed statement of my son/daughter/ward and know the facts to be true.

Furthermore, I hereby grant permission for my son/daughter/ward to enter the official River City Soap Box Derby Educational Race in Columbus, GA on June 8, 2019. Further, I understand and agree that the prerequisite to competing in the River City Soap Box Derby in Columbus, GA that my son/daughter/ward has been assigned a car and said car has undergone and passed inspection conducted in Columbus, GA by the River City Soap Box Derby, Inc. I further understand River City Soap Box Derby, Inc., in its sole discretion, to determine compliance with the rules, spirit and specifications applicable to that division and that the decision of the River City Soap Box Derby, Inc. and its officials regarding the qualification, disqualification, and compliance with the rules, spirit and specification applicable to that division shall be final and binding upon me, my son/daughter/ward, and all other parties.

Finally, I as such parent or guardian, in consideration of the benefits received as a result of the participation herein, and for the mutual benefits received by myself and my child and the other racers herein, hereby wave and release any and all claims, rights, causes of action, demands or otherwise, whether for personal injuries, property damage or any other loss, damages, or expenses, which I, as a parent or guardian and/or my son/daughter/ward have against River City Soap Box Derby, Inc., the First Energy All-American Soap Box Derby and/or any activities incidental or related thereto. I also agree to allow pictures of my child and his/her participation in the Soap Box Derby to be used in marketing material such as newsletters, websites, social media, etc. without compensation.

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

Local Race Director's Name: **Robbie D. Branscomb**

Mailing Address: **P. O. Box 5114** City **Columbus** State **GA** Zip Code **31906-0114**

I, **Robbie D. Branscomb**, the Local Race Director of the official Soap Box Derby Local Race being conducted by **River City Soap Box Derby, Inc.** (sponsor), have read the statement about, signed by the entrant and his/her parent or guardian, and understand the facts therein to be true. I have inspected his/her car and in my opinion, it meets all construction requirements for the Stock, Super Stock, or Masters division.

Local Race Director Signature \_\_\_\_\_ Date \_\_\_\_\_

(For office use only: Return fully completed, signed and dated original forms for each of your racers on the first business day after your Local Race.)



# Local Race Registration Form

MARK WHICH DIVISION YOU ARE PARTICIPATING IN:

☐ STOCK

☐ SUPER STOCK

☐ MASTERS

**CAR NUMBER**  
Local Director's Use Only

Participant's Name \_\_\_\_\_ Local Race City Organization River City Soap Box Derby (LGSx)

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Attach Copy of Birth Certificate)

Parent/Guardian Email: \_\_\_\_\_

Is your car sponsored? ☐ No ☐ Yes Sponsored by: \_\_\_\_\_

I, \_\_\_\_\_, racer of a Soap Box Derby car entered in the official Soap Box Derby Local Race being held in Columbus, Georgia, hereby certify that my car has been built in full compliance with the most current construction plans and rules published by the International Soap Box Derby, Inc.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

I, \_\_\_\_\_ (parent/guardian), hereby certify that my son/daughter/ward, \_\_\_\_\_, entrant in the official Soap Box Derby Local Race being held in \_\_\_\_\_, has read the above statement completed by my son/daughter/ward and know the facts stated therein to be true.

Further, I hereby grant permission for my son/daughter/ward to enter the official Soap Box Derby Local Race in Columbus, Georgia, and in the event he or she is adjudged the winner of the official Soap Box Derby Local Race, to participate in the FirstEnergy All-American Soap Box Derby World Championship in the current race year in Akron, Ohio.

Further, I understand and agree that, as a prerequisite to competing in the FirstEnergy All-American Soap Box Derby in Akron, Ohio, that my son/daughter/ward, together with his/her car, shall have undergone and passed an inspection conducted in Akron, Ohio by the International Soap Box Derby, Inc. I further understand and agree that such inspection shall be conducted using the manner and methods deemed appropriate by the International Soap Box Derby, Inc., in its sole discretion, to determine compliance with its rules, spirit and specifications applicable to that division and that the decisions of the International Soap Box Derby, Inc. and its officials regarding qualification, disqualification and compliance with the rules, spirit and specification applicable to that division shall be final and binding upon me, my son/daughter/ward and all other parties.

Finally, I, as such parent or guardian, in consideration of the benefits received as a result of the participation herein, and for the mutual benefits received by myself and my child and the other participants herein, hereby waive and release any and all claims, rights, causes of action, demands or otherwise, whether for personal injuries, property damage, or any other loss, damages or expenses which I, as a parent/guardian, and/or my son/daughter/ward may have against the Local Soap Box Derby, its sponsor, the International Soap Box Derby, Inc., and/or its sponsors, agents, employees, full or part-time, or associates of any status whatsoever, arising from or in any manner related to my son's, daughter's or ward's participation in the Local Soap Box Derby, the FirstEnergy All-American Soap Box Derby and/or any activities incidental or related thereto.

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

Local Race Director's Name Robbie D. Branscomb

Mailing Address P.O. Box 5114 City Columbus State GA Zip Code 31906

I, Robbie D. Branscomb, the Local Race Director of the official Soap Box Derby Local Race being conducted by River City Soap Box Derby (sponsor), have read the statement about, signed by the entrant and his or her parent/guardian, and understand the facts therein to be true. I have inspected his/her car and, in my opinion, it meets all construction requirements for the Stock, Super Stock, or Masters division.

Local Race Director Signature \_\_\_\_\_ Date \_\_\_\_\_

Return the fully completed, signed and dated original forms for each of your participants on the first business day after your Local Race.

Updated 06/15





**RIVER CITY SOAP BOX DERBY**  
**P.O. BOX 5114**  
**COLUMBUS, GA 31906**  
**Ph. 706-577-3409**

Greetings River City Supporter,

On behalf of our Race Director, Robbie Branscomb, and the esteemed planning committee, we thank you in advance for being an official supporter of the **River City Soap Box Derby**. This year we are thrilled to share our soap box derby program is growing and going to Akron, Ohio!

We are thrilled to provide this educational opportunity to the brightest students in our area. Over the course of 20 weeks, 10 local racers will build their individualized derby car during our weekly racer clinics. With the opportunity to see their perseverance and dreams realized, local racers will race their cars **Saturday, June 8, 2019 at Lake Bottom Park in Midtown Columbus**. One skilled winner of the Local RCSBD will move forward to represent Columbus, Georgia at the International Soap Box Derby Race in Akron. This is an amazing opportunity for youth in our area to contend against their peers from all over the globe. One of the expanded benefits of this international race is our local winner will compete for a \$5,000 scholarship for use at the college or university of their choice! International educational competitions are the exposure experiences we aim to cultivate and grow for youth and families in our region. We cannot do this without community leaders like you! We are asking you to show support for their effort through the purchase of an advertisement in our River City Soap Box Derby Souvenir Booklet and join us on race day. Your contributions assist local youth in the River City Race Program.

Included with this letter is our 2019 contractual agreement with ad pricing and specs. When sending your ad please be sure that your ad is submitted according to the specifications on the attached contract agreement form. Be advised that all ads and payments must be received no later than **Monday, April 29, 2019**. Payments for ads can be submitted by:

- Visiting [www.letsgrowsteam.org](http://www.letsgrowsteam.org)
- Mail to: P. O. Box 5114, Columbus, GA 31906

On behalf of the Let's Grow STEAMx partnership team and our dedicated Board of Directors, I want to invite you to support our request. LGSx is registered with the Secretary of State as a non-profit organization and your contributions are tax deductible. Please make all checks payable to **Let's Grow STEAMx and mail to P.O. Box 5114, Columbus, GA. 31906**

If you have any questions pertaining to online payment or advertisement submission, please contact us at 800-332-7147 or [info@letsgrowsteam.org](mailto:info@letsgrowsteam.org). Again, thank you for your support and we look forward to a wonderful community event. It is through your support we continue to engage the youth our community in meaningful ways.

Cheerfully Yours,

Crystal Wayne  
Co-Chairperson, River City Souvenir Journal



**RIVER CITY SOAP BOX DERBY**  
**June 8, 2019**  
**CONTRACTUAL AGREEMENT**  
**P. O. Box 5114 Columbus, GA 31906**  
**Phone (706) 577-3409**

NAME OF ADVERTISER: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

STREET/P.O Box \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

CHECK/MONEY ORDER \_\_\_\_\_ RCSBD SALES PERSON: \_\_\_\_\_

ENCLOSED: \_\_\_\_\_ PHONE: \_\_\_\_\_

PAID ONLINE \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

**AD PRICES: (Circle One)**

CENTER FOLD	\$ 450.00 <b>(SOLD)</b>
INSIDE FRONT COVER	\$ 400.00 <b>(SOLD)</b>
INSIDE BACK COVER	\$ 350.00 <b>(SOLD)</b>
OUTSIDE BACK COVER	\$ 300.00 <b>(SOLD)</b>
WHOLE PAGE	\$ 200.00
1/2 PAGE	\$ 100.00
BUSINESS CARD SUPPORTER	\$ 25.00

**SPEC INFORMATION**

Please be advised that if you are sending a new or updated ad, the specs for River City Soap Box Derby ads are as follows. The maximum live area for a full-page ad is 8.5" x 5.5" with **NO** bleed. If sending a PDF, we need resolution of 300 dpi or higher with fonts included. If the ad would be created/sent in any other software, fonts must be included or the ad sent in outlines. Images sent must be 300dpi or greater.

Ads may be sent to: [info@letsgrowsteam.org](mailto:info@letsgrowsteam.org); please carbon copy (CC) [crystalinemabry@yahoo.com](mailto:crystalinemabry@yahoo.com)

Online payment address: <https://rcsbdsouvenirfundraiser.eventbrite.com> or [www.letsgrowsteam.org](http://www.letsgrowsteam.org) (go to support LGS<sup>x</sup> tab under RCSBD Fundraiser)

**\*\*AD DEADLINE DATE: Monday, April 29, 2019\*\***



## LGS<sup>x</sup> PARTICIPANT RELEASE AND WAIVER OF LIABILITY FORM

This Release and Waiver of Liability (the “release”) executed on \_\_\_\_\_  
(date) by \_\_\_\_\_

(“Participant’s Guardian”) releases Let’s Grow (STEAM)<sup>x</sup>,  
 (“Nonprofit”), a nonprofit corporation organized and existing under  
the laws of the State of Georgia and each of its directors, officers,  
employees, and agents. The PARTICIPANT desires to PARTICIPATE  
in services being provided by Nonprofit.

Participant’s guardian understands that the scope of participant<sup>®</sup>  
relationship with Nonprofit is limited to participation only and that no  
compensation is expected in return for participant by Nonprofit.

**1. Waiver and Release:** I, the PARTICIPANT, release and forever  
discharge and hold harmless Nonprofit and its successors and assigns  
from any and all liability, claims, and demands of whatever kind of  
nature, either in law or in equity, which arise or may hereafter arise  
from the services I provide to Nonprofit. I understand and  
acknowledge that this Release discharges Nonprofit from any liability  
or claim that I may have against Nonprofit with respect to bodily  
injury, personal injury, illness, death, or property damage that may  
result from the services I provide to Nonprofit or occurring while I am  
providing PARTICIPANT services.

**2. Insurance:** Further I understand that Nonprofit does not assume  
any responsibility for or obligation to provide me with financial or  
other assistance, including but not limited to medical, health, or  
disability benefits or insurance. I expressly waive any such claim for  
compensation or liability on the part of Nonprofit beyond what may be  
offered freely by Nonprofit in the event of injury or medical expenses  
incurred by me.



**3. Medical Treatment:** I hereby Release and forever discharge Nonprofit from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a PARTICIPANT with Nonprofit.

**4. Assumption of Risk:** I understand that the activities provided by Nonprofit may include activities that may be hazardous to PARTICIPANT. As a PARTICIPANT'S Parent/Guardian, I hereby expressly assume risk of injury or harm from these activities and Release Nonprofit from all liability.

**5. Photographic Release:** I grant and convey to Nonprofit all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by Nonprofit in connection with my providing PARTICIPANT services to Nonprofit.

**6. Other:** As a PARTICIPANT, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Georgia and that this Release shall be governed by and interpreted in accordance with the laws of the State of Georgia. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected. By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Phone: \_\_\_\_\_

Parent Email: \_\_\_\_\_



# Participant Code of Conduct

Let's Grow STEAM<sup>x</sup> is fully committed to safeguarding and promoting the well being of all its participants. In our effort to meet this commitment we expect everyone on our team and all youth participants, parents, guardians, mentors and/or coaches to show respect and understanding at all times.

## Let's Grow STEAM<sup>x</sup> participants are expected to:

- Be Engaged & Have Fun.
- Be supportive and committed to other team members (team spirit).
- Be safe.
- Report inappropriate and/or risky behavior.
- Respect staff, parents, officials and peers.
- Violence and aggression will NOT be tolerated.
- Respect and not mishandle STEAMx equipment, tools and supplies.
- NOT engage in bad language or inappropriate references.
- NOT bully or participate in any rough and dangerous play.
- Always wear suitable clothing (STEAMx, t-shirt, shorts/pants and tennis shoes).
- Be responsible for personal electronic devices

Any general misbehavior will be addressed by the instructors and reported verbally to Director. Serious or persistent misbehavior will result in potential dismissal from the clinic. Parents will be informed at all stages.

Please sign to confirm you have read and understand this document.

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Phone: \_\_\_\_\_

Parent Email: \_\_\_\_\_