

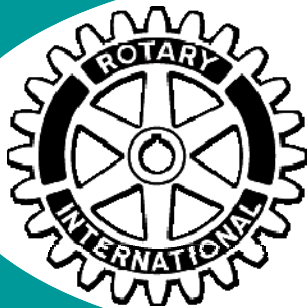
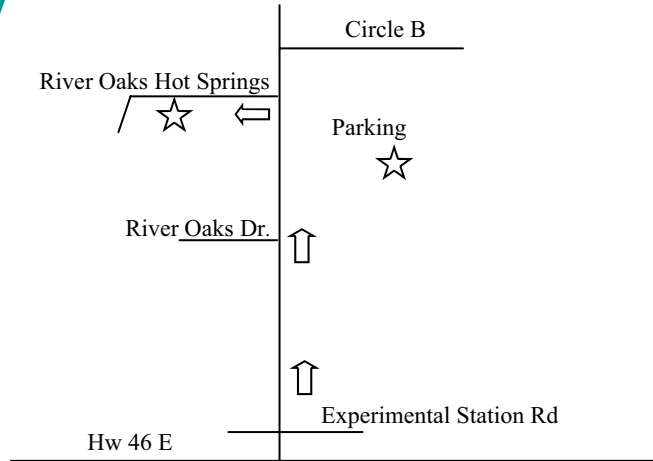
PR POLICE ACTIVITIES LEAGUE

# DOWN HILL DERBY



## RACE LOCATION

*Saturday  
May 15th  
8:30 am Start*



*Racers arrive at 8:00am for check-in!  
River Oaks Hot Springs Road off Buena  
Vista Drive north of Cuesta College*

Open to girls & boys, ages 8-13 years. Cars for the Derby are sponsored and built by local public safety agencies, businesses and clubs for use by those individuals selected to participate in PR PAL. Co-sponsored by **Sunrise Rotary of Paso Robles & Estrella Associates, Inc.** Sign-up NOW.



## APPLICATIONS AVAILABLE MARCH 2010

Paso Robles Police Department

900 Park Street, Paso Robles

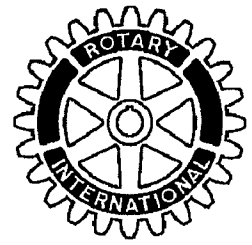
Questions: DARE Officer Hartman 227-7468

or [khartman@prcity.com](mailto:khartman@prcity.com)

ESTRELLA 



Paso Robles Police Activities League  
**Sunrise Rotary**  
**Estrella Associates, Inc.**



*15th Annual* **Downhill Derby**



**Saturday, May 15th**



**8:30 am START TIME**

**Please complete the following application to participate:**

The Paso Robles Police Activities League (PRPAL), Sunrise Rotary Club & Estrella Associates, Inc. are seeking applications from boys and girls, ages 8-13 years and must be able to safely fit into vehicle cockpit to participate in our 15th Annual Downhill Derby (**Date: May 15th, Start Time: 8:30am**). Cars for the race are sponsored and built by local public safety agencies, businesses and clubs for use by those individuals selected to participate by PRPAL (no cost for kids to participate). The race location is on the old Road to the River Oaks Hot Springs off of Buena Vista Drive just past Cuesta College. **Please have participants at the race venue no later than 8 AM.** Winners will be determined by single elimination heats with the top 3 winning drivers of each age group receiving a trophy.

As the total number of participants is limited by the number of sponsored cars entered PRPAL is now taking applications from those boys and girls interested in participating. **Filing of this application, DOES NOT CONSTITUTE ENTRY INTO THE DOWNHILL DERBY.** It is anticipated that the application in excess of the limited number will be received and will require participants to be determined by drawing. All selected participants will be notified of their acceptance, ALL Racing Rules and "Race Team" placement in early May.



Child's Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

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

Age (as of May 15, 2010) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

**Complete back page and return form to:**

Officer Keith Hartman @ Paso Robles Police Department  
 900 Park Street, Paso Robles, CA 93446  
 Questions (?) 227-7468  
 khartman@prcity.com



**PASO ROBLES POLICE ACTIVITIES LEAGUE (PRPAL)**

**PARENT / GUARDIAN CONSENT & LIABILITY WAIVER (2010)**

I / We, the undersigned, being the parent(s) and/or legal guardian(s) of \_\_\_\_\_ do hereby grant permission for his/her participation in the "Downhill Derby" program being conducted by Paso Robles Police Activities League, and release Paso Robles PAL, the City of Paso Robles, California PAL, Sunrise Rotary, Estrella Associates, Inc., River Oaks Hot Springs and all their agents, employees, officers thereof, of action, damages and claims in law or equity of every kind whatsoever I / We may now or hereafter have against them arising out of any injury or loss which may occur during this activity.

**I HAVE READ THE ABOVE AND FULLY UNDERSTAND THIS WAIVER.**

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**\*\* MUST BE SIGNED BY PARENT OR GUARDIAN IF PARTICIPANT IS UNDER 18 YEARS OF AGE \*\***

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**MEDICAL RELEASE (2010)**

**AUTHORIZATION FOR ANOTHER TO CONSENT TO TREATMENT OF MINOR**

In the event of injury, I / We undersigned, parent(s) and / or legal guardian(s) of \_\_\_\_\_ do hereby authorize the Paso Robles Police Activities League as agent for the undersigned to consent to any X-ray examination, any anesthetic, medical or surgical diagnosis or treatment and hospital care when deemed advised by and is to be rendered under the general or special supervision of any physician and / or surgeon licensed under the provisions of the or at a hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment of hospital care being required but is given to provide authority and power on the part of the aforesaid agent to give specific consent to any and all such care which the aforementioned physician in the exercise of his / her best judgment may deem advisable. This authorization shall remain effective as long as your child (as name stated above) participates in the Paso Robles Police Activities League program unless revoked sooner in writing and delivered to the Paso Robles Police Activities League.

**I HAVE READ THE ABOVE AND FULLY UNDERSTAND THIS CONSENT.**

Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

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

**\*\* MUST BE SIGNED BY PARENT OR GUARDIAN IF PARTICIPANT IS UNDER 18 YEARS OF AGE \*\***