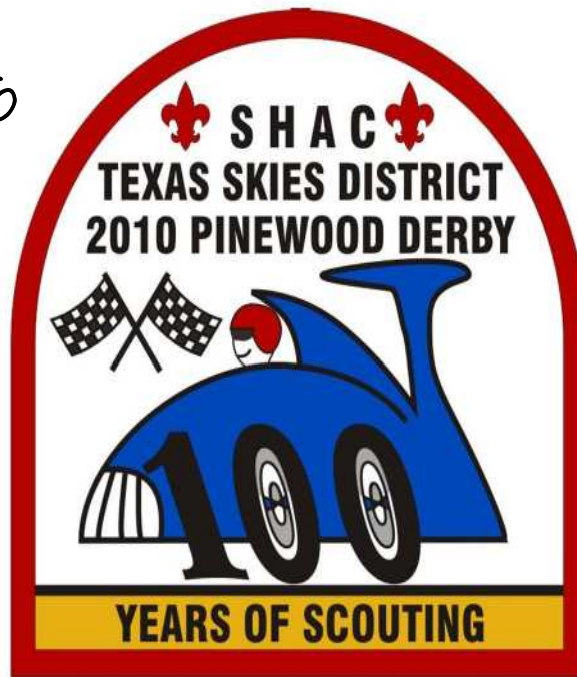


2010 TSD PWD IS  
OPEN TO ALL  
SCOUTS !!!!!



EVERYONE CAN  
COMPETE !!!!

## TEXAS SKIES DISTRICT 2010 PINEWOOD DERBY

**WHO:** ANY Scout (Tigers, Wolf, Bears, Webelos 1, Webelos 2) from a TSD Pack.  
Master's Division - Open to any car...

**WHEN:** Races are on Saturday, April 17th, starting at Noon.

**WHERE:** Morton Ranch High School Commons, 21000 Franz Rd, Katy, Tx 77449  
East of Mason Rd on Franz. Across from the Academy Distribution Center

**EARLY REGISTRATION:** Online from March 1st thru April 1st. [www.texasskiesdistrict.org](http://www.texasskiesdistrict.org)  
Pack checks must be mailed prior to April 7th. Individual payments at Weigh-in.

**LATE REGISTRATION:** Friday, April 16th, 6-8pm, Morton Ranch High School  
Saturday, April 17th, 10-11:45am, Morton Ranch High School

**COST:** \$8 per car. Fee Discounts: \$3 per car with Early Registered (online)  
\$1 per car for Packs volunteering tracks at District PWD  
(Packs 239, 343, 567, 728, and 1235)

**WEIGH-IN:** Friday, April 16th, 6-8pm, Morton Ranch High School  
Saturday, April 17th, 10-11:45am, Morton Ranch High School

**ENTRY:** Cars must be registered for competition prior to 9:45am, Saturday, April 17th.

**HEALTH FORMS:** All Scouts participating in the Derby MUST submit a Class A & C Heath Form.

**INFO:** Greg Allen, TSD PWD Chair,  
[Cubmaster@pack343.net](mailto:Cubmaster@pack343.net)



## 2010 Texas Skies District Pinewood Derby Registration

*Please complete prior to check in*

All Cub Scouts attending the Derby are required to submit a BSA Class 1 Health Form.

**Driver Name:** \_\_\_\_\_

**TSD Pack #:** \_\_\_\_\_

(circle one)

**Division:** Tiger      Wolf      Bear      Web-1      Web-2      Masters

*To be completed by Race Officials*

**Inspection:**

Car #: \_\_\_\_\_

Car:      <> No wet paint or glue  
            <> Weight: 5.0 oz or less

<> BSA Block – no precut bodies, must be from BSA PWD Car Kit.  
<> Front bumper config. – flat area for starter pin, nothing overhanging front bumper  
<> Track Test – undercarriage  
<> Box Test – length, width  
<> Height – max 2.75"  
<> Attachments secured

Wheels:   <> BSA wheels with nomenclature  
            <> No oil or wet lubrication  
            <> No alteration  
  
            <> Axle check, no hub caps, washers, bushings.

**PASSED**

**FAILED; race as NON-CONFORMING**

# Annual BSA Health and Medical Record

## Part A

### GENERAL INFORMATION

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Male  Female   
 Address \_\_\_\_\_ Grade completed (youth only) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Unit leader \_\_\_\_\_ Council name/No. \_\_\_\_\_ Unit No. \_\_\_\_\_  
 Social Security No. (optional; may be required by medical facilities for treatment) \_\_\_\_\_ Religious preference \_\_\_\_\_  
 Health/accident insurance company \_\_\_\_\_ Policy No. \_\_\_\_\_

**ATTACH A PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD (SEE PART C).  
 IF FAMILY HAS NO MEDICAL INSURANCE, STATE "NONE."**

### In case of emergency, notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
 Home phone \_\_\_\_\_ Business phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
 Alternate contact \_\_\_\_\_ Alternate's phone \_\_\_\_\_

### MEDICAL HISTORY

Are you now, or have you ever been treated for any of the following:

Yes	No	Condition	Explain
		Asthma	
		Diabetes	
		Hypertension (high blood pressure)	
		Heart disease (i.e., CHF, CAD, MI)	
		Stroke/TIA	
		COPD	
		Ear/sinus problems	
		Muscular/skeletal condition	
		Menstrual problems (women only)	
		Psychiatric/psychological and emotional difficulties	
		Learning disorders (i.e., ADHD, ADD)	
		Bleeding disorders	
		Fainting spells	
		Thyroid disease	
		Kidney disease	
		Sickle cell disease	
		Seizures	
		Sleep disorders (i.e., sleep apnea)	
		GI problems (i.e., abdominal, digestive)	
		Surgery	
		Serious injury	
		Other	

### Allergies or Reaction to:

Medication \_\_\_\_\_

Food, Plants, or Insect Bites \_\_\_\_\_

### Immunizations:

The following are recommended by the BSA. Tetanus immunization must have been received within the last 10 years. If had disease, put "D" and the year. If immunized, check the box and enter the year received.

Yes	No	Date
<input type="checkbox"/>	<input type="checkbox"/>	Tetanus _____
<input type="checkbox"/>	<input type="checkbox"/>	Pertussis _____
<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria _____
<input type="checkbox"/>	<input type="checkbox"/>	Measles _____
<input type="checkbox"/>	<input type="checkbox"/>	Mumps _____
<input type="checkbox"/>	<input type="checkbox"/>	Rubella _____
<input type="checkbox"/>	<input type="checkbox"/>	Polio _____
<input type="checkbox"/>	<input type="checkbox"/>	Chicken pox _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B _____
<input type="checkbox"/>	<input type="checkbox"/>	Influenza _____

Exemption to immunizations claimed.

**(For more information about immunizations, as well as the immunization exemption form, see Scouting Safely on *Scouting.org*.)**

### MEDICATIONS

List all medications currently used. (If additional space is needed, please photocopy this part of the health form.) Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only.

Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>
Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>

**NOTE: Be sure to bring medications in the appropriate containers, and make sure that they are **NOT** expired, including inhalers and EpiPens. You **SHOULD NOT STOP** taking any maintenance medication.**

Emergency contact No.:

Allergies:

DOB:

Last name:

**Part C**

**Parental Informed Consent and Hold Harmless/Release Agreement**

I understand that participation in Scouting activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

Without restrictions.

With special considerations or restrictions (list)

---

---

**Talent Release Form**

I hereby assign and grant to the local council and the Boy Scouts of America the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child by the Boy Scouts of America, and I hereby release the Boy Scouts of America from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the Boy Scouts of America, and I specifically waive any right to any compensation I may have for any of the foregoing.

Yes  No

---

**I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity.**

Participant's name \_\_\_\_\_

Participant's signature \_\_\_\_\_

Parent/guardian's signature \_\_\_\_\_  
(if under the age of 18)

Date \_\_\_\_\_

**Attach copy of insurance card (front and back) here. If required by your state, use the space provided here for notarization.**



BOY SCOUTS OF AMERICA  
1325 West Walnut Hill Lane  
P.O. Box 152079  
Irving, Texas 75015-2079  
<http://www.scouting.org>



2008 Printing

**Part C** Last name: \_\_\_\_\_ DOB: \_\_\_\_\_

# Texas Skies District Pinewood Derby Rules

## I. Construction Requirements: *Only new car construction, since previous TSD race, allowed in scout divisions.*

### A. Length, Width and Clearance

1. Maximum overall width (including wheels and axles) shall not exceed 2 3/4.
2. Minimum width between wheels shall be 1 3/4, so car will clear center guide strip.
3. Minimum distance between bottom of car and track shall be 3/8, so car will clear the center guide strip.  
This distance also applies to any protrusion from the bottom of the car such as weights.
4. Maximum length shall not exceed 7", to include accessories.
5. The wheelbase (distance between front and rear axles) may be changed.
6. The nose of the car must parallel with the front axle and at least 1/2" flat (no pointed noses) for proper starting and finishing requirements.

### B. Weight and Appearance.

1. Weight shall not exceed 5.00 ounces. The reading of the Official Race Scale will be considered final. The car may be hollowed out and built up to the maximum weight by the addition of other material provided they are securely built into the body or firmly affixed to it. No loose materials of any kind are permitted in or on the car.
2. Use only B.S.A Official Pinewood Derby Kit only. **No pre made kits from hobby stores allowed.**
3. Mercury shall not be used. It is a health hazard.
4. Details such as steering wheels, driver, spoiler, decals, painting, interiors and exterior detail are permissible as long as the car satisfies length, width, and clearance and weight specifications.
5. Cars with wet paint or glue will not be accepted.

### C. Wheels and Axles.

1. The only wheels and axles allowed are from the B.S.A Official Pinewood Derby kit.
2. Wheel bearings, spacers or bushings are prohibited.
3. The car shall not ride on any types of springs.
4. The car must be freewheeling with no starting or other propulsion.
5. Only the tread surface and width may be altered. The tread surface of the wheel may be altered only to a flat surface that is parallel to the axle. The tread width may be altered only from the side facing the car. The tread width may not be less than .275". The wheel diameter may not be less than 1.150" or greater than 1.200". Lightly sanding and/or polishing the tread of the wheel to remove burrs will not reduce the diameter below allowable levels.
6. Under side of axle head may be ground or filled to remove burrs. Axle shaft diameter may not be less than .090". Simple polishing of the axles will not reduce the diameter below allowable level.
7. No wheel covers (i.e. hubcaps) are permitted.

### D. Lubrication.

1. Only dry powered lubricants, such as graphite, may be used. Regular oils and silicone spray may soften the plastic wheels.

## II. Inspection and disputes

### A. Inspection

1. Each car must pass inspection by the Official Inspection Team before it can compete. The Inspection Team has the right to disqualify those cars, which do not meet these rules. Car owners will be informed of the violations and given an opportunity to modify the car to meet these rules. If the car cannot be modified to meet the rules, at the discretion of the Race Committee, the car may be allowed to run for time only. In such case no prizes or recognition will be awarded.

### B. Disputes

1. Any participant or their parent has the right of appeal to the Race Committee for an interpretation of these rules. The Race Committee, by majority vote, will be the final judge of these rules.
2. Any protest of a cars compliance with the rules must be filed with the Race Chairperson prior to competition. *These rules are to use in conjunction with the "Official Grand Prix Pinewood Derby Kit" instructions, found inside your son's pinewood derby kit.*