



Driver Registration Form 2012

| | | | | | | | |
|-----------------------|--------|----------------------|-----------------|-----------------|-----------------|---|--|
| Date of Registration: | | | | | | | |
| DRIVERS NAME: | | | | | | | |
| ADDRESS: | | | | | | | |
| | | | | | POSTCODE | | |
| Landline contact: | | | | | | | |
| Mobile: | | | | | | | |
| E-Mail: | | | | | | | |
| NOVICE | YES/NO | REQUESTED RACING No. | 1 st | 2 nd | 3 rd | | |
| CLASS | | Engine | | | Chassis Type | | |
| TRANSPONDER NUMBER | | | | | | Please use one box for each number if hired put "hired" | |

I have read the supplementary regulations issued for these events and agree to be bound by them and the general competition rules of Ellough Park Kart Club. In consideration of the acceptance of this registration form of my being permitted to take part in any events run by EPKC, I agree to adhere to all rules and regulations, keep indemnified and respective officials, servants, representatives and agents from and against all claims, expenses and demands in respect of death or injury to myself however so caused arising out of my taking part in these events, and not withstanding that the same may have been contributed to or occasioned by the negligence of the said bodies, their officials, representatives or agents other than the events on ground where third party insurance under the road traffic act is not compulsory this agreement shall in addition to the parties named above extend to all and any other competitors and their servants and agents to all actions, claims, costs expenses and demands in adjudged guilty of reckless driving under the said general competition rules. The information entered on this form will be stored in a computer system by the Secretary of the Meeting for the use of the club in administration of events.

My D.O.B is _____ (If over 18yrs please state "over 18 years" along with DOB)

I declare that to the best of my belief I the/the driver/s posses/es the standard of competence necessary for the event of the type to which this registration relates and that the kart entered is suitable and roadworthy for the event having regard for the cause and speeds that will be reached. I understand that should I at these events be suffering from any disability or illness, whether permanent, temporary or otherwise, which is likely to affect prejudicially my normal control of my automobile I will inform the Clerk of the course or medical team as soon as possible and will not race until i have been cleared by the clubs officials.

| | | | |
|--|--|-----------|--|
| Signature | | | |
| The person's parent or guardian, whose full name and address must be given, must countersign any entry, which is signed by a person under 18 years of age. | | | |
| Name | | Signature | |
| Address | | | |

TO BE FILLED IN BY ALL COMPETITORS

| | | | |
|-------------------------------|--|--------------|--|
| Next of Kin Name | | Relationship | |
| Address | | | |
| E-mail address | | | |
| Contact Number | | | |
| Doctors name & Contact number | | | |