RACE ENTRY FORM

Entries CLOSE Saturday 1 week prior to event

SHENINGTON KART RACING CLUB

Affiliated to Association of British Kart Clubs

Sonja Game, Competition Secretary, 16 Graham Road, Bicester, Oxon OX26 2HP
Tel 01869 320157 Fax 01869 247981 Email skrc-compsec@hotmail.co.uk

DATE OF MEETING:	**/ / 2017**		
Class:		**Race No:**	
First Name:		**Surname:**	

Transponder Number: **TAG**						

Chassis:		**Novice:**	Yes ☐ No ☐
Engine:		**Licence No:**	
Club:		**Licence Type:**	A ☐ C ☐ B ☐ B(Novice) ❑
Entrant:		**Entrants Licence No:**	
PG Licence Holder:		**PG Licence Number:**	
Your Address:			
Town:		**Post Code:**	
Tel No:		**Email:** **enables automatic confirmation**	
Name of person to contact in case of Emergency:			
Post Code:		***Tel No:***	

Held under the General Regulations of The Motor Sports Association (incorporating the provisions of the International Sporting Code of the FIA) and the Supplementary Regulations.

I declare that I have been given the opportunity to read the General Regulations of the Motor Sports Association and, if any, the Supplementary Regulations for this event and agree to be bound by them. I declare that I am physically and mentally fit to take part in the event and I am competent to do so. I acknowledge that I understand the nature and type of the competition and the potential risk inherent with motor sport and agree to accept that risk.

I understand that motorsport can be dangerous and accidents causing death, injury, disability and property damage can and do happen. I understand that these risks may give rise to my suffering personal injury or other loss and I acknowledge and accept these risks. In consideration of the acceptance of this entry I agree that neither any one of or any combination of the MSA and its associated clubs, the organisers, the track owners or other occupiers, the promoters and their respective officers, servants, representatives and agents (the "Parties") shall have any liability for loss or damage which may be sustained or incurred by me as a result of participation in the Event including but not limited to damage to property, economic loss, consequential loss or financial loss howsoever caused. Nothing in this clause is intended to or shall be deemed to exclude or limit liability for death or personal injury. To the fullest extent permitted by law I agree to indemnify and hold harmless each of the Parties in respect of any loss or damage whatsoever and howsoever arising from my participation in this event.

I understand that should I at the time of this event be suffering from any disability whether permanent or temporary which is likely to affect prejudicially my normal control of my vehicle, I may not take part unless I have declared such disability to the ASN which has, following such declaration, issued a licence which permits me to do so.

I declare that to the best of my belief the driver(s) possess(es) the standard of competence necessary for an event of the type to which this entry relates and that the vehicle entered is suitable and roadworthy for the event having regard to the course and the speeds which will be reached.

I have read and fully understood the Procedure for Control of Drugs and Alcohol as contained in the Competitors' and Officials' Yearbook Regulations H39, D35.1, G15.1.4 and have also fully familiarised myself with the information on the web sites referred to (www.ukad.org.uk and www.wada-ama.org) in particular the UK Anti Doping Rules which have been adopted by the MSA. Further, if I am counter-signing as the Parent or Guardian of a minor then in addition to the deemed consent to the testing of that minor (UKAD Code Art 5.6.2) I hereby confirm that I give such consent for the minor concerned to be so tested.

I undertake that at the time of the event to which this entry relates I shall have passed or am exempt from an ASN specified medical examination within the specified period.' (H.10.1.6).

Signed:

Date: **Age if under 18 yrs:**

As the Parent/Guardian/Guarantor of the driver:

I understand that I shall have the right to be present during any procedure being carried out under the Supplementary Regulations issued for this event and the General Regulations of the MSA.

I confirm that I have acquainted myself with the MSA General Regulations, agree to pay any appropriate charges and fees pursuant to those Regulations (to include any appendices thereto) and hereby agree to be bound by those Regulations and submit myself without reserve to the consequences resulting from those Regulations (and any subsequent alteration thereof). Further, I agree to pay as liquidated damages any fines imposed upon me up to the maxima set out in Part 3 ,Appendix 1

I have read and fully understood the Procedure for Control of Drugs and Alcohol as contained in the Competitors' and Officials' Yearbook Regulations H39, D35.1, G15.1.4 and have also fully familiarised myself with the information on the web sites referred to (www.ukad.org.uk and www.wada-ama.org) in particular the UK Anti Doping Rules which have been adopted by the MSA. Further, if I am counter-signing as the Parent or Guardian of a minor then in addition to the deemed consent to the testing of that minor (UKAD Code Art 5.6.2) I hereby confirm that I give such consent for the minor concerned to be so tested.

I hereby agree to abide by the MSA Child Safeguarding Policy and Guidelines and the National Sporting Code of Conduct.

NOTE: Where the Parent/Guardian/Guarantor is not present there must be a representative who must produce a written and signed authorisation to so act from the Parent/Guardian/Guarantor as appropriate.

Signed:

Name:

Address:

Entry Fee: Members **£50** ☐ Non Members **£60** ☐ Late Entry Fee £10 ☐

TKM CLUBMAN CLASS ONLY (inc.Sat pm) Fee Members **£70** ☐ NonMembers (inc. Sat pm) **£90** ☐ Late Fee £10 ☐

Please choose your payment method for the following amount: £ .

❑ **I wish to pay by cheque**

Please make your cheque payable to SKRC Ltd, write your name, class and race number on the reverse and enclose with entry form.

❑ **I wish to pay by Debit/Credit Card** (acceptable cards are: Visa, MasterCard, Maestro, Visa Delta, Visa Electron & Solo) **2% surcharge on credit cards**

Card No:

Start Date: Expiry Date: Security Code: Issue No:

Name on Card: Signature:

Driver details will be held on a Database and will be subject to the provisions of the Data Protection Act 1998.

www.sheningtonkrc.co.uk

Office Use ONLY:
Date Received:_____