AL AIN RACEWAY KART CLUB RACE ENTRY FORM 2011 - 12

Entry fees: members AED 300, non-members AED 400. Cheques should be made payable to Al Ain Raceway.

Al Ain Raceway Kart Club, PO Box 85393, Al Ain, UAE. Telephone: +971 (0) 3 768 6662 Fax: +971 (0) 3 768 8477 E-mail: sales@alainraceway.com

Date of meeting: D D M M Y Y

Driver Name:

Competition Licence No:

Address:

Date of Birth: D D M M Y Y

Telephone (mobile):

E-mail:

Emergency Contact Name:

Emergency Contact, Address:

Emergency Contact, Telephone:

Transponder Number:							
Txp							

Race Category: (Tick appropriate box)

- Mini MAX ☐
- Junior MAX ☐
- Senior MAX ☐
- MAX Master ☐
- DD2 ☐
- Cadet ☐

Racing No: ☐☐☐

Would you like to hire a transponder @ AED 100? ☐

Would you like lap time printouts @ AED 25? ☐

Does the driver have any disability or is the driver taking any prescribed drugs which should be notified to Circuit Medics? YES ☐ NO ☐

GENERAL DECLARATION - FOR COMPLETION BY ALL COMPETITORS:

I DECLARE THAT:
I have been given the opportunity to read 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 in motorsport and agree to accept that risk.
Further I understand that all persons having any connection with the promotion and/or organisation and/or conduct of the event are NOT insured against loss or injury caused by their negligence.

I confirm that I possess 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, meeting all sporting and technical regulations of the series, and having regard for the course and the speeds that will be reached.

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 ability to control my vehicle, I must declare my condition to the licence - issuing authority and I may not take part unless authenticated written permission is received.

Any application form for a licence which was signed by a person under the age of 18 years was countersigned by that person's parent/guardian, whose full names and addresses have been given.

Driver's Signature:

Date: D D M M Y Y Y Y

PARENT OR GUARDIAN if driver is under 18 years old:

I confirm I have authorisation to act on behalf of the driver and accept that the driver may participate in the aforementioned event. Further, I declare as follows:

I have read, understood and agree to the 'General Declaration' which appears opposite. I understand that the activity concerned is karting and I appreciate the dangers inherent in motorsport which include the risk of injury or death.

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

I confirm that the driver does not suffer from any physical, medical or mental disability which would make it unsafe for him/her to participate in this event.

Parent/Guardian's Signature:

Name:

Telephone (Mobile):

PLEASE NOTE: A signed, completed, AARKC Race Entry Form constitutes commitment to attend the race meeting. The full amount is still to be paid regardless of the driver's attendance.

I enclose a cheque for AED payable to Al Ain Raceway or Please debit my Credit/Debit card account (subject to 3% surcharge).

Card No: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiry date: M M Y Y Security Number: ☐☐☐
The last 3 digits on back of card.

Signature:

CREDIT CARDS MUST BE BROUGHT ALONG TO THE RACE MEETING.