

AL AIN RACEWAY KART CLUB RACE ENTRY FORM 2009/10



Entry fees: members AED 300, non-members AED 400. Cheques should be made payable to Pro Motorsports.

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:

Name:

Competition Licence No:

Address:

Date of Birth:

Telephone (mobile):

E-mail:

Emergency Contact Name:

Emergency Contact, Address:

Emergency Contact, Telephone:

Transponder Number:

Txp	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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.

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 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:

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

Race Category: (Tick appropriate box)

Cadet

Junior Max

Senior Max

DD2

Max Master

TAG

Racing No:

Would you like to hire a transponder @ AED 100?

Would you like lap time printouts @ AED 25?

PARENT OR GUARDIAN if driver is under 18 years old:

I accept that the driver may participate in the aforementioned event and I declare as follows:

I have read and understood 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.

Further 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 **Pro Motorsports** or Please debit my MasterCard/Visa* account (delete as appropriate). *3% surcharge applies.

Card No:

Expiry date: Security Number:

The last 3 digits on back of card.

Signature:

CREDIT CARDS MUST BE BROUGHT ALONG TO THE RACE MEETING.