

GUERNSEY KART & MOTOR CLUB LBG Entry form for Karts

RACE MEETING HILL CLIMB SPRINT Tick Box

VENUE _____ DATE _____ 2011

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

I declare that:

1. I have been given an 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 event and the potential risk inherent with motor sport and agree to accept that risk.
2. To the best of my belief the driver(s) posses(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 road worthy for the event having regard to the course and the speeds which will be reached.
3. I understand that should I at any 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.
4. 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.
5. I hereby agree to abide by the MSA Child Protection Policy and Guidelines.

IF DRIVER IS UNDER 18 YEARS NEEDS TO FILL OUT UNDER 18 ENTRY FORM

PLEASE WRITE IN BLOCK LETTERS

DRIVERS NAME _____

LICENCE TYPE & No. _____

ADDRESS _____

POST CODE _____ Tel Nos _____

MAKE _____ MODEL _____

Programme Details _____

CUBIC CAPACITY _____ RESTRICTED (NOVICE) Y / N _____

CLASS NUMBER TO BE ENTERED AS LISTED IN SUPPLEMENTARY REGS

COMPETITION No _____ SIGNATURE _____ DATE _____

This car is also driven by (separate entry form required) _____

ENTRY FEE : CASH _____ CHEQUE £ _____

NAME AND TELEPHONE No OF RELATIVE OR FRIEND TO BE INFORMED IN THE CASE OF A SERIOUS ACCIDENT.

NAME _____ TEL No. _____

Competition Secretary: Mrs Heather Robilliard A'Jamais, 6 Hougue Mague Lane, Capelles, St Sampsons, Guernsey GY2 4WA Tel: 01481 247892

THE COMMITTEE WILL NOT BE RESPONSIBLE FOR ANY ERROR IN THE CONNECTION WITH THIS ENTRY IF THE FORM IS NOT CORRECTLY OR COMPLETELY FILLED IN.