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| **STRETTON CIRCUIT KART & BIKE CLUB MEMBERSHIP** | | | |
| **INFORMATION** | | | |
| **12 Months**  **Membership 1st \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ to End of \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_**  **£70k/£50b** Month Year Month Year **kart/driver** | | | |
| **Membership Required:**  KART ⃣ BIKE ⃣ | | | |
| **DRIVER DETAILS** | | | |
| Name: | | | |
| Address: | | | |
| Phone no: | Email: | | |
| Date of Birth: | Age if under 18: | | |
| **EMERGENCY CONTACT** | | | |
| Name: | | | |
| Phone no: | Relationship: | | |
| **SIGNATURES** | | | |
| I declare that to the best of my belief the owner possesses the standard of competency necessary for an event of this type to which this entry relates and that the vehicle entered is suitable and track worthy for the event having regard to the course and speeds which will be reached. In addition to this I, as undersigned, hereby declare that I agree to be bound by the Rules of this event, as stated prior to the start of practice/ racing. I further declare that I am physically and mentally fit to take part in the event and am competent to do so.    I confirm that I understand the nature and type of event and the risk inherent with the sport and agree to accept the same notwithstanding that such risks may involve negligence on the part of the organisers/ circuit owners. I further agree that I shall not seek to claim against the organisers, nor their officials, the circuit owners or other bodies or individuals connected with the event in respect of any damage to my person or property howsoever caused, and whether by the negligence or breach of statutory duty of the said bodies and persons.    I further agree that the vehicle(s) which I enter and compete on, shall be suitable and properly fit its purpose and that it will comply with the Regulations in respect thereof. | | | |
| Signature of Driver: | | Date: | |
| Countersignature (Drivers under 18): | | Relationship to Driver: | |
| **OFFICE USE ONLY** | | | |
| Membership Number: **\_\_\_\_\_ /\_\_ \_\_ /\_\_ \_\_ \_\_**  Month Year Member No. | | | Staff Signature: |
| Date Paid: | | | Amount Paid: |