



# RISSINGTON KART CLUB

## 2017 ENTRY FORM



Held under the general regulations of the Motor Sports Association (incorporating the provision of the International Sporting Code of the FIA) and the supplementary regulations of Rissington Kart Club.

<b>Date of Meeting:</b>	<b>Class:</b>	<b>Novice</b>  <b>Yes/No</b>	<b>Race No.</b>	<b>Club Membership No.</b>
<b>Driver name:</b>	<b>Address:</b> _____ _____ _____			
<b>Email Address:</b>				
<b>Telephone No.</b> (Daytime)	<b>Telephone No.</b> (Evening)	<b>Licence number:</b>	<b>Licence type: A/B</b> (please delete as appropriate)	<b>Transponder ID No.</b>
<b>Club:</b>	<b>Engine(s):</b>	<b>Kart:</b>	<b>Entrant:</b>	<b>Entrants licence No.</b>
<b>Emergency Contact:</b>	<b>Tel:</b> _____		<b>Address:</b> _____ _____ _____	

I have 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. Further, I understand that all persons having any connection with the promotion and/or organisation and/or conduct of the event are insured against loss or injury caused through their negligence.

**State your age if you are under 18. My age is:** \_\_\_\_\_

I declare that to the best of my belief, the driver possesses 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 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 undertake 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.

**Signed:** \_\_\_\_\_

**Counter signed (Drivers under 18 years only):** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**IF THE PARENT OR GUARDIAN IS NOT AT THE MEETING WITH UNDER 18 DRIVERS, WILL YOU MAKE SURE THAT THE PERSON RUNNING THE DRIVER HAS YOUR WRITTEN AUTHORITY TO ACT ON YOUR BEHALF.**

**I enclose a cheque/PO for £** \_\_\_\_\_ **(Cheques and PO's to be made payable to Rissington Kart Club)**  
(Entry fee £50 members - £60 non member)

**Please send the completed entry form/payment/S.A.E (if confirmation of entry is required) to:**  
Mrs Julie Dredge, Competition Secretary, 4 Goodwood Close, Burghfield Common, Reading, RG7 3EZ  
(Tel: 0118 9836070)

<b>OFFICE USE ONLY:</b>	<b>Received</b>	<b>Paid</b>	<b>SAE/Confirmation</b>
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