



KART RACE ENTRY FORM

DATE OF MEETING: _____

Held under the General Regulations of the Royal Automobile Club Motor Sports Association Ltd.
(Incorporating the provisions of the International Sporting Code of the FIA) and the Supplementary Regulations

Class:	Race No:	Novice: YES / NO (Delete as Applicable)
Driver (Name printed in the programme): _____		
Address: _____		
_____ Post Code: _____		
Telephone No:	Licence No:	Club:
Kart:	Engine(s):	Transponder No:
Trade Entrant – Name:		Licence No:
In case of a serious injury please provide details of a Friend or Relative to be contacted:		
Name: _____		Address: _____
_____		Tel: _____

I declare that I have been given the 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 competition and the potential risk inherent in motor sport and agree to accept this 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.

I declare that 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 to the course, and the speeds which will be reached.

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 the vehicle, I may not take part unless I have declared such disability to the ASN, who have, following such declaration, issued a licence which permits me to do so

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 [C(a) - 26]

My age is: _____ **(If applicable state "Over 18 Years").** **Signature:** _____

Any entry that is signed by a person under 18 years must be countersigned by that persons Parent or Guardian whose full name and address must also be given.

If I am the Parent/Guardian/Guarantor of the driver I understand that I shall have the right to be present during any procedure being carried out under the Supplementary Regulations issued for this event and the General Regulations of the MSA.

As the Parent/Guardian/Guarantor 'I confirm that I have acquainted myself with the MSA General Regulations agree to pay any appropriate charges and fees pursuant to those Regulations (to include any appendices thereto) and hereby agree to be bound by those Regulations and submit myself without reserve to the consequences resulting from those Regulations (and any subsequent alteration thereof). Further, I agree to pay as liquidated damages any fines imposed upon me up to the maxima set out in Part 3, Appendix 3.

Drivers under 18 only, countersigned _____ **Name:** _____

Address of Signatory: _____

Note: Where a Parent/Guardian/Guarantor is not present there must be a representative who must produce a written and signed authorisation to so act from the Parent/Guardian/Guarantor as appropriate

Entries to: **The Entry Coordinator,**
Kent Kart Racing Club, Lydd International Raceway, Dengmarsh Road, Lydd, Kent, TN29 9JJ

Entry Fee Enclosed: **£40 – Club Members** (£75 Inclusive charge. Saturday Practice and Sunday Race)
£45 – Non-Members
Cheques made payable to: Kent Kart Racing Club or KKRC please Send SAE For Confirmation.

Entries Close: **Wednesday Preceding an Event**