

Affix Drivers
Photograph

SKEGNESS STADIUM Ltd

I.M.IDENTIFICATION FORM

Skegness Stadium Ltd.
Marsh Lane, Orby, Skegness Lincs PE24 5JA
Tel 0844 559 1228, email bookings hazel@skegness-stadium.info
www.skegness-stadium.info

DRIVERS RACING CONTRACT 2012

THIS AGREEMENT is made between Skegness Stadium Ltd. and

NAME.....

Drivers Date of Birth..... **Age last birthday**.....

Address (Block capitals).....

.....

.....**Post code**.....

Contact numbers

Home..... .work..... .mobile.....

Email.....

I wish to apply to Skegness Stadium Ltd to race

a.....(state formula) Race number

I agree as follows.

(1). I have been provided with a copy of and read this agreement and the Skegness Stadium Rules & Regulations and understand them and agree to abide by the Rules and conditions set out below. I agree to abide by the rules as laid down by Skegness Stadium and its Board of Control.

(2). I am over 16 but not over 70 years of age (if you are over 16 but under 18 years of age you will need a Parent or Guardian to sign this application see page4). If you are over 64 and under 70 you will need to provide a Full Drivers licence and a Medical Certificate.

(3). I fully understand the nature and type of racing in which I wish to participate and I am also fully familiar with the nature, layout , features and geography of the Circuit upon I wish to race.

(4). I am satisfied that the Circuit is safe fro me to race on and that should I at any time have any doubt as to the safety I am entitled to decline to race.

(1).

(5). I hereby give Skegness Stadium Ltd the right to use my name and my racing number for the purpose of advertising or publicity as they see fit. Not to take part, as a person or allow my competition car, my name or racing number to be used with any other promotion advertising, at any time within the dates of this agreement

(6). I will pay Skegness Stadium Ltd. on the signing of this agreement the sum as listed below. Skegness Stadium Ltd. will on acceptance of this agreement supply me with a Driving (Racing) Log Book and Number (exclusive to myself for the period of this agreement, one Rule Book for 2012 and notification of my racing grade and the opportunity to race according to the Rules set out in the 2012 Rule Book. I understand that it is my responsibility to ensure that I receive a copy of the 2012 rules and regulations.

(7). Not to cause, or be part of or in any way be involved with any action which would or could disrupt a race meeting. I also understand that I am responsible for the actions of my pit crew and family members, and acknowledge that if their behavior in any way disrupts a race meeting, my licence may be suspended or in some circumstances be cancelled.

(8). I understand that any injury sustained by me during racing at Skegness Stadium will only entitle me to personal accident cover.

The company reserves absolute right to take whatever action or disqualifications deemed to be necessary. Skegness Stadium Ltd reserves the right to refuse this application without giving their reasons or to terminate the license to race at any time.

MEDICAL QUESTIONNAIRE - MUST BE COMPLETED

I hereby warrant the following answers are true and each warranty is repeated and continues to be true throughout the term of this agreement in respect of my medical condition in respect of my medical condition.

Please answer Yes or No.

1. Do you suffer epilepsy or sudden attacks of disabling giddiness or fainting?.....

2. Are you suffering from any defect in movement or muscular power?.....

3. Are you suffering from any disease, medical condition, mental or physical, or disability which may cause the driving by you in a competition car to be a source of danger to yourself or others on the track or on the Stadium property?
.....

4. Do you suffer from any back or neck problems which have caused you to visit a Doctor in the last 12 months?.....

5...Have you suffered any race injuries which have resulted in you receiving hospital treatment in the last 5 years? If so please give full details on a separate sheet.

If the answer is YES to any of the above medical questions. A DOCTORS LETTER WILL BE REQUIRIED prior to a racing license being issued.

DRIVERS CONTRACT NOTES

PLEASE READ THESE NOTES VERY CAREFULLY BEFORE COMPLETING YOUR CONTRACT

- (a) Please fill in with full name & address & contact phone numbers.
- (b). Please supply **2 color photographs** of yourself with this agreement.
- (c). If you wish to compete in an additional formula, a fee of £30 is required.

FORMULA(S) TO BE RACED ACCORDING TO THIS APPLICATION;

(1)..... Racing Number Requested.....

(2)..... Racing Number Requested.....

DISCLOSURE OF PREVIOUS OR CURRENT RACING SUSPENSION OR BAN

Please answer Yes or No

Are you currently under a suspension or ban from racing

Have you been suspended or banned from racing by Skegness Stadium or any other promotion in or outside the control of the ORCi.....

If the answer is YES to either of the above please give details.....

.....

PREVIOUS RACING HISTORY

Previous racing number Formula raced.....

Year Previous Promotion..... Last grade achieved.....

Sponsors Names.....

.....

I declare to the best of my knowledge & belief that the above answers are true.

Signed by applying driver.....Date.....

To be completed by Parent /Guardian of applicants 16yrs & above and under 18yrs of age.

Signed..... **Date**.....

Name.....**Parent/Guardian**.....

Address.....

.....**Postcode**.....

Please tick formula applied for,		Fee
BANGERS	(£55 before Dec 31 st 2011)	£65
1300 SALOON STOX	(£55 before Dec 31 st 2011)	£65
GT HOT RODS	(£45 before Dec 31 st 2011)	£55
ROOKIE BANGERS	£25 before Dec 31 st 2011)	£35
M D Hot Rods	(£45 before Dec 31 st 2011)	£55
Cost of additional Log Book is £30 per formula		
Rookie Bangers- No Racing fee at Skegness		
GT Hot Rods & MD Hot Rods £15 racing fee.		
Make cheque payable to Skegness Stadium Ltd. Marsh Lane, Orby, Skegness, Lincs. PE24 5JA		
Enclose two passport size photos.		
or		
Please debit my Credit/Debit Card, MasterCard/Visa/ Visa Debit		
Card No.....		
.Expiry Date.....Security code.....		
Name of cardholder and address if different from overleaf.....		
.....		
Cardholders signature.....Date.....		
For official use only; Date received..... Total amount.....Issued.....		