

MAXSPEED EVENTS

MEMBERSHIP FORM 2008

Competitor's details:

Full name: _____

Date of birth: _____

Address: _____

Postcode: _____

Contact number: _____

E-mail address: _____

Class entered for championship: _____

(Please refer to club rules and racing classes)

Race number: You can choose a one, two, or three digit race number and the number cannot start in zero.

1st choice: _____ **2nd choice:** _____ **3rd choice:** _____

You are not guaranteed to receive any of your choices of race number, as these are issued on a first come first served basis.

Medical declaration:

Participant details: *Required information

1. Have you been rejected, or accepted at increased premiums for life insurance on medical grounds? Yes/No*

2. Have you been treated for, do you now have, or have you ever had any of the following:

i Head injury? Yes/No*

ii Unconsciousness or concussion? Yes/No*

iii High blood pressure/heart disease or disorder? Yes/No*

iv Dizziness, fainting spells, epilepsy, fits or blackouts? Yes/No*

v Disease, injury or operation to either eye? Yes/No*

vi Do you have any vision defect or loss of sight in either eye? Yes/No*

vii Do you have any condition which affects movement of arms or legs? Yes/No*

viii Do you have any false or missing limbs? Yes/No*

If you have answered Yes to any of the above, please supply further details below:

Is there any other condition you have or had that we should be aware of, please supply details below:

Quad bike/solo bike details: *Required information

Make of Quad/Bike:* _____ **Model of Quad/Bike:*** _____

Engine size:* _____ **Year of Quad/Bike:** _____

Years riding Quads/Bikes: * _____ **Years racing Quads/Bikes:** * _____

Membership fee is £10.00 per competitor. Please make cheques payable to MAXSPEED .

Please send your completed form to: Bryndwyrain, Meidrim, Carmarthen, SA33 5PQ.

I confirm that I have read and understood the rules, regulations and the above information and all details I have provided are true. I understand that motorsport is dangerous and agree that the activities of the events operated by MAXSPEED EVENTS are extremely dangerous and there is the risk that I could sustain personal injury including severe bodily injury, damage to personal property or even death.

The competitor must sign below, what ever age.

Competitors signature: _____ Date: _____

If competitor is under the age of 18 years, parent/guardians signature is also required.

Parent/guardians signature: _____ Date: _____