DAMC KARTING CHAMPIONSHIP
ENTRY FORM

PERSONAL DETAILS

Drivers Name: _____

Comp Licence No: _____ Issued by: _____ Grade: _____

Fax: _____ E-mail: _____

Tel: (Day): _____ (Mobile): _____ (Evening): _____

Does Driver have any disability or is Driver taking any prescribed drugs which should be notified to Circuit Medics: **YES / NO**

NAME AND ADDRESS OF RELATIVE OR PERSON TO BE NOTIFIED IN THE EVENT OF A SERIOUS ACCIDENT.

NAME:_____ RELATIONSHIP:_____

ADDRESS:_____

TELEPHONE: (Day)_____ (Mobile)_____ (Evening)_____

CLASS / EVENT ENTERED

DAMC Karting Championship 2011 / 2012:

❒ Cadet

❒ Junior Max

❒ Max

❒ Max Master

❒ DD2

Round #:
Round date:

Kart Number: _____

❒ Transponder Rental Charge AED 100/-

PAYMENT DETAILS

Payment made by:

❒ Cash **❒ Cheque (made payable to Dubai Autodrome L.L.C)** **❒ Credit Card**

Credit Card details: VISA ☐ MasterCard ☐

Expiry Date: ☐☐

In case of cancellation or no show:
I Mr. /Mrs. ……. authorise Dubai Autodrome (Kartdrome) to debit my credit card for the full amount of the entry fee as per the DAMC Karting Championship sporting rules.

THERE WILL BE NO REFUND WHATSOEVER.

GENERAL DECLARATION - FOR COMPLETION BY ALL COMPETITORS: I DECLARE THAT:

1. I have been given the opportunity to read 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 motorsport 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.
2. 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.
3. 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 licence issueing authority which has, following such declaration issued a licence which permits me to do so.
4. Any application form for a licence which was signed by a person under the age of 18 years was countersigned by that person's parent/guardian/guarantor, whose full names and addresses have been given.
5. If I am the Parent/Guardian/Guarantor of the driver I understand that I have the right to be present during any procedure being carried out under the Supplementary Regulations issued for this event and the terms of the present Code.

State age here if under 18. AGE: _____ Parent/Guardian/ Guarantor Signature_____

DRIVERS SIGNATURE: _____ DATE: _____

NOTE: ALL SECTIONS OF THIS ENTRY FORM MUST BE COMPLETED

Please send to: Purificacao Pires, Dubai Autodrome, P.O. Box 24649, Dubai UAE
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E-mail; purificacaop@dubaiautodrome.com
Tel: +971 4 367 87 44