## LAKES REGION ICE RACING CLUB DRIVER INFORMATION

(Please print)

Membership Fee: \$30.00 prior August meeting	Stock #	Modified #	Sprint Car #	FWD #	RWD #	Junior #
Physical Address		Mem Mem	ibership Fee: \$50.00 aft	er August meeting	9	
StateZipHome telephone ( )EmailAddress(optional)	Name		Mailing	Address		
Cell Telephone ( ) EmailAddress(optional)	Physical Ade	dress		City/Town		
I fully understand the rules and regulations as set forth by the LRIRC and I hereby agree to abide by them and any decisions rendered by the officers of this club. I further understand that I race at my own risk and the LRIRC and it volunteers is not responsible for any personal injury or property damage that may occur as a result of my participation in these activities.  Signature	State	Zip	Home telephone ( )_		Date of Birth_	
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any decisions rendered by the officers of this club. I further understand that I race at my own risk and the LRIRC and it volunteers is not responsible for any personal injury or property damage that may occur as a result of my participation in these activities.  Signature	Do you wan	t to be updated by cell	phone texting? text	your name to lrire	text@gmail.com	<u> </u>
Person to contact in case of an emergency – DO NOT LEAVE BLANK!!!!  Telephone # Relationship  1.  2.  Any medical conditions?? Explain  Any medicines you cannot take?  Are you under a doctors care now?  LRIRC use only  Member	any decision LRIRC and	is rendered by the offi it volunteers is not res	cers of this club. I furth sponsible for any person	ner understand tha	t I race at my own	risk and the
Name Telephone # Relationship  1. 2.  Any medical conditions?? Explain  Any medicines you cannot take?  Are you under a doctors care now?  LRIRC use only  Member	Signature				Date	
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Any medicines you cannot take?	2.					
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