

LAKES REGION ICE RACING CLUB

DRIVER INFORMATION

(Please print)

Stock # _____ Modified # _____ Sprint Car # _____ FWD # _____ RWD # _____ Junior # _____

Membership Fee: \$30.00 prior August meeting _____

Membership Fee: \$50.00 after August meeting _____

Daily Driver: \$20.00 _____ **(NO POINTS)**

Name _____ Mailing Address _____

Physical Address _____ City/Town _____

State _____ Zip _____ Home telephone () _____ Date of Birth _____

Cell Telephone () _____ EmailAddress(optional) _____

Do you want to be updated by cell phone texting? text your name to lrirctext@gmail.com

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 _____ Date _____

Person to contact in case of an emergency – **DO NOT LEAVE BLANK!!!!**

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 _____ Date _____ Amount Paid _____

Daily Driver _____ Date _____ Amount Paid _____