

LAKES REGION ICE RACING CLUB

MINOR DRIVER INFORMATION

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() _____ Email Address(optional) _____

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

Name of parents or LEGAL guardians for drivers 13 to 18 years old _____

As a parent or legal guardian of _____, I authorize he/she to race with the LRIRC for the _____ racing season. I will sign in and be present on race day. I fully understand the rules and regulations as set forth by the LRIRC and I hereby agree that we will abide by them and any decisions rendered by the officers of this club. I further understand that the minor driver races at their own risk and the LRIRC and it volunteers will not responsible for any personal injury or property damage that may occur as a result of their participation in these activities.

Signature _____ Date _____

(Must be signed in front of 2 non-related witnesses)

Driver Signature _____ Date _____

(Must be signed in front of 2 non-related witnesses)

Witness _____ Date _____

Witness _____ 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 _____