



KickstartCLUB

Application Form

Please Print Clearly

SURNAME.....FORENAME.....

ADDRESS.....

.....

.....POSTCODE.....

....
DATE OF BIRTH.....

AGE.....

TELEPHONE inc area code

.....day.....eve

Mobile.....

Parent Name and Contact number.....

Is this application for a Core member or associate membership ?.....

TYPE OF CURRENT MACHINE

Make..... Model..... Engine cc.....

PLEASE TICK YOUR PERCEIVED OFF ROAD RIDING ABILITY

NOVICE/ BEGGINER..... OR REASONABLY GOOD LEVEL

I declare

I have read the rules and regulations of the club and agree to abide by them.

That I am fit and not suffering from any physical or mental disability that would impair my safe participation in activities at this facility.

I have completed the medical questionnaire with factual information to the best of my ability and will undertake to notify the club of any change in medical circumstances should they occur.

I will provide a next of kin notification emergency contact telephone number each time I sign on at the facility.

I understand that as a participant at this practice facility I am exposing myself to the risk of serious injury inherent in all motor sport and that I am prepared to take such risks. I further agree that I shall not seek to claim against The Kickstart club, the organiser's officials, land owners or any other body connected with the track or club in respect of any damage or injury howsoever caused whether by negligence or breach of statutory duty of the said bodies or persons.

