



Held under the General Prescriptions of the Motor Sports Association (incorporating the provisions of the International sporting Code of the FIA) and the Supplementary Regulations

PLEASE COMPLETE ELECTRONICALLY WHERE POSSIBLE, ALTERNATIVELY COMPLETE IN **BLOCK CAPITALS**

Personal Details

Driver					
Drivers Name:					
Address:					
Postcode:					
Tel No:	Home:	Mobile:			
Email Address:					
Competition Licence No:					
Type:					
Age if Under 18					
	Entran	ts Details (If Different from Driver)			
Entrants Name:					
Address:					
Postcode:					
Competition Licence No:					
	Pare	ent or Guardian (If Under 18)			
Name:					
Address:					
Postcode:					
Tel No:	Home:	Mobile:			
Relationship:					
Next of Kin Details					
Name					
Address					
Postcode					
Tel No.	Home	Mobile			
Relationship:					

Competition Details

Car					
Car Make:					
Model:					
Capacity:					
Shared With:					
Event Information					
Championship 1:					
Championship 2:					
Championship 3:					
Club:		M'ship No:			
Event Class:		If Other (Please State):			

Darlington & District Motor Club Easter Sprint – 17th April 2017 Croft Circuit Official Entry Form



Closing Date 3rd April 2017

Declarations

General Declaration Applicable to All Competitors

I declare that I have been given the opportunity to read the General Regulations of the Motor Sports Association and, if any, 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 with motor sport and agree to accept the risk.

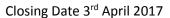
I understand that motorsport can be dangerous and accidents causing death, injury, disability and property damage can and do happen. I understand that these risks may give rise to my suffering personal injury or other loss and I acknowledge and accept these risks. In consideration of the acceptance of this entry I agree that neither any one of or any combination of the MSA and its associated clubs, the organisers, the track owners or other occupiers, the promotors and their respective officers, servants, representatives and agents (the "Parties") shall have any liability for loss or damage which may be sustained or incurred by me as a result of participation in the event including but not limited to damage to property, economic loss, consequential loss or financial loss howsoever caused. Nothing in this clause is intended to or shall be deemed to exclude or limit liability for death or personal injury. To the fullest extent permitted by law I agree to indemnify and hold harmless each of the Parties in respect of any loss or damage whatsoever and howsoever arising from my participation in this event.

I declare that to the best of my belief the drivers(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.

I have read and fully understood the procedure for control of drugs and alcohol as contained in the competitors and officials yearbook regulations H39, D35.1, G15.1.4 and have also fully familiarised myself with the information on the web sites referred to (www.ukad.org.uk and www.wada-ama.org) in particular the UK Anti Doping Rules which have been adopted by the MSA. Further, if I am counter-signing as the parent or guardian of a minor then in addition to the deemed consent to the testing of that minor (UKAD Code Art 5.6.2) I hereby confirm that I give consent for the minor concerned to be so tested.

I hereby agree to abide by the MSA Safeguarding Policy and Guidelines and the National Sporting Code of Conduct

Signed:		Date:			
Age if Under 18:					
To be Signed by All Drivers					
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 ASN which has, following such declaration, issued a licence which permits me to do so. I undertake that at the time of the event to which this entry relates I shall have passed or am exempt from an ASN specified medical examination within the specified period.					
Signed:		Date:			
To be Signed by Entrants (Only				
I declare that to the best of my belief the drivers(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.					
Signed:		Date:			
To be Signed by Parent / G	Guardian				
I understand that I shall have the right to be present during any procedure being carried out under the Supplementary Regulations issued for this event and the General Regulations of the MSA. As the Parent/Guardian I confirm that I have acquainted myself and the minor with the MSA General Regulations, agree to pay any appropriate charges and fees pursuant to those Regulations (to include any appendices thereto) and hereby agree to be bound by those regulations and submit myself without reserve to the consequences resulting from those regulations (and any subsequent alteration thereof). Further I agree to pay as liquidated damages any fines imposed upon me up to the maxima set out in Part 3, Appendix 1.					
Signed:		Date:			





Fees & Payment Details

The preferred method of payment for this event is Bank Transfer, Details Below.

Entry Fee				
Race Entry Fee (See Regulations):	£			
Contribution to Marshalls Fund:	£			
Total:	£			

Please select your method of Payment from the Options Below				
Payment Method	(√)	Details		
Bank Transfer:		Account: 20637041 Sort: 20-25-29	(Preferred Method)	
Payment Reference:				
Cheque		Make Payable to "DDMC"		
Cheque Number:				
Credit / Debit Card		Will incur a 3% surcharge (please complete below)		
Card Number:				
Valid From:				
Expiry Date:				
Security Number:				
Signed:			Date:	

Please ensure the above details are fully legible to allow quick and efficient processing.

All Payments to be received by 3rd April 2017

Returning Your Entry Form

All entry forms should be completed electronically where possible and returned to: cars.ddmc@gmail.com, cheques should follow on through the post.

To return your entry via post please send to: - Kerry Dartnall, 10 Sudburn Avenue, Staindrop, Darlington, DL2 3JX

Note: If you are e-mailing the form back, wherever it asks for a "signature" please type your name.