



Official Entry Form

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:			
Licence Type:			
Club :		M'ship No:	
Age if Under 18:			
Entrants Details (if Different from Driver)			
Entrants Name:			
Address:			
Postcode:			
Competition Licence No:			
Parent 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

Class / Car				
Class	(✓)	Make	Model	Engine CC
Clubman 4 x 4	<input type="checkbox"/>			
Production 4 x 4	<input type="checkbox"/>			
Super Modified & BMW Mini	<input type="checkbox"/>			
Production	<input type="checkbox"/>			
Historic & Classic Mini	<input type="checkbox"/>			
Autocross 2wd	<input type="checkbox"/>			
Juniors	<input type="checkbox"/>			
Race No :		Transponder No:		
Sponsor :				



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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 promoters 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:	
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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:	
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To be Signed by Parent / 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:	
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Fees & Payment Details

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

Entry Fee		
Non-European Entry	£	£250.00
European Entry	£	£210.00
Contribution to Marshalls Fund:	£	Optional
Total:	£	

Please select your method of Payment from the Options Below			
Payment Method	(✓)	Details	
Bank Transfer:	<input type="checkbox"/>	Account: 20637041 Sort: 20-25-29	(Preferred Method)
Payment Reference:			
Cheque	<input type="checkbox"/>	Make Payable to "DDMC"	
Cheque Number:			
Credit / Debit Card	<input type="checkbox"/>	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 20th October 2017

Returning Your Entry Form

Please send completed form and payment to:

Kerry Dartnall, 10 Sudburn Ave, Staindrop, Darlington, Co. Durham. DL2 3JX
Email: cars.ddmc@gmail.com