

2017 BRSCC Formula Jedi Championship

PLEASE WRITE IN BLOCK CAPITALS AND COMPLETE ALL SECTIONS

SECTION 1 – DRIVER DETAILS

Driver Name

Driver Address

Licence Grade Licence No ASN

Date of Birth Club Mem No Home Town

Phone: Home Work Mobile

Email Address

Please indicate below any prescribed drugs or conditions which should be notified to the Medical Team

SECTION 2 – VEHICLE DETAILS

Car Number

Make of Car

Type/Model cc

Transponder No Class Year

Sponsor Details

SECTION 3 – EVENT DETAILS

		Entry Fee	Entering	Yes	Notes
April 8-9	Brands Hatch	£305	<input type="checkbox"/>	<input type="checkbox"/>	
May 6-7	Cadwell Park	£400	<input type="checkbox"/>	<input type="checkbox"/>	
June 10-11	Snetterton 300	£400	<input type="checkbox"/>	<input type="checkbox"/>	
July 15-16	Castle Combe	£400	<input type="checkbox"/>	<input type="checkbox"/>	
August 19-20	Silverstone Nat	£400	<input type="checkbox"/>	<input type="checkbox"/>	
September 16-17	Rockingham	£400	<input type="checkbox"/>	<input type="checkbox"/>	
October 14	Oulton Park Intl	£305	<input type="checkbox"/>	<input type="checkbox"/>	

Name and Address of Relative to be Notified in the Event of a Serious Accident

Name Relationship Telephone

Address

I declare that:

1. I have been given an 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 and competent to take part in the event. I understand that motorsport is 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. 2. To the best of my belief the driver(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. 3. The use of the vehicle hereby entered is covered by insurance as required by the law which is valid for such part of this event as shall take place on roads as defined by the law. 4. 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 the 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. 5. Any application form for a Licence which was signed by a person under the age of 18 years was countersigned by that person's parent/legal guardian/guarantor, whose full names and addresses have been given. 6. If I am the Parent/Guardian/Guarantor of the driver 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/Guarantor I confirm that I have acquainted myself 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. **Note: Where the Parent/Guardian/Guarantor is not present there must be a representative who must produce a written and signed authorisation to so act from the Parent/Guardian/Guarantor as appropriate.** 7. I hereby agree to abide by the MSA Child Protection Policy and Guidelines and the National Sporting Code of Conduct. 8. I undertake that at the time of the event to which this entry relates I shall have passed or am except from an ASN specified medical examination within the specified period. (H10.1.6) 9. I have read and fully understood the Procedure for Control of Drugs and Alcohol as contained in the MSA 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 (as amended). 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 (Art 5.6.2) I hereby confirm that I give such consent for the minor concerned to be so tested. **Indemnity:** 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 land 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 this event. 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.

Driver Signature Date

Age if Under 18 Any indemnity and/or declaration as described by the paragraphs above which is signed by a person under the age of 18 shall be countersigned by that person's parents or guardian, whose full name & address is below

Name of Parent/Guardian Signature of Parent/Guardian

Full Address

Please return completed Entry form to

BRSCC, Homesdale Business Centre, Platt Ind. Est, Maidstone Road, Borough Green, Kent TN15 8JL Fax 01732 885783 or entries@brsc.co.uk

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Continuation Sheet

Driver Name

Car No

SECTION 3 – PAYMENT DETAILS

The easiest way to pay is online via the BRSCC online entry system. If you would like to use this option, tick this box and we will email you details of how to do it once we have received this completed form.

OTHER OPTIONS:

By Bank Transfer; Sort Code: 20-88-13 Account No: 60125024 IBAN: GB80 BARC 2088 1360 1250 24 SWIFTBIC: BARCGB22

To help us identify the payment, please use a reference of your initial then surname followed by the circuit and date. E.g. So John Smith entering Brands Hatch on 8/9 April 2017 would be JSMITH-BH/8/4

By Cheque; made payable to BRSCC

By credit/debit card: If you would like to pay via debit or credit card please tick this box and we will contact you via your mobile. Alternatively, after submitting this form, please call BRSCC HQ on 01732 783143 with your card details.

PLEASE DO NOT WRITE YOUR CARD DETAILS ON THIS FORM

SECTION 4 – ENTRANT DETAILS

Please only complete this section if a valid Entrants Licence has been issued by your ASN. If no details are entered below, the 1st Driver will be nominated as the Entrant in accordance with MSA Regulation [H 1.3]

Entrant Name

Entrants Licence No ASN Representative Name

Entrant Address

Postcode

Phone: Home Work Mobile

Email Address

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Name of Parent/Guardian Signature of Parent/Guardian

Full Address

SECTION 5 – NOTES FOR COMPLETION

- Please ensure that all information is completed as if you do not do so your entry will not be accepted
- If submitting entry form electronically, please indicate signature by placing "X" in appropriate box
- Competitors are reminded that any entry not accompanied by the correct fee is NOT a valid entry

SECTION 6 – FOR OFFICE USE ONLY

Date Received Date Acknowledged

Entry Fee Paid Date

Method of Payment

Amount Refunded Date

Please return completed Entry form to

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