## The MG Car Club (North Western)

**Silverstone Sprint** 

**24**<sup>th</sup> June **2007** 



**Suplementary Regulations and Entry Form** 

#### **ENTRY FORM**

### **The Silverstone Sprint**

Sunday 24<sup>th</sup> June 2007

Organised by the MG Car Club (North Western Centre)

PLEASE USE A SEPARATE FORM FOR EACH CAR/DRIVER

IF THE ENTRANT AND THE DRIVER ARE THE SAME ONLY THE DRIVER SECTION NEED BE COMPLETED

PLEASE USE BLOCK LETTERS

ENTRANT DETAILS	DRIVER DETAILS
NAME	NAME
ADDRESS	ADDRESS
TELEPHONE (Home)	TELEPHONE (Home)
(Business)	(Business)
Entrant's Licence No.	Comp. Lic. & No.
Signature	Signature
CAR DETAILS	
MAKE/MODEL	CAPACITY
CLASS ENTERED	SUPER/TURBO CHARGEDYES/NO*
CAR SHARED WITH	CHAMPIONSHIP
ENTRY DETAILS	
CLUB	CENTRE
I am/am not* eligible for Novice Award	
I enclose entry fee of £ Please make cheques payable to <b>The MG Car Clu</b>	b.
Closing date for entries is 11th June 2007. Entr	ies received after this date will be subject to a late entry

Please send this form and entry fee to:

Mrs Par Rainsbury, 2 Kings Drive, Marple,Stockport, Cheshire. SK6 6NQ. 0161 427 4861 07774 101101 pat@rainsbury.com

## IMPORTANT NOTE:

supplement of £5.00.

PLEASE ENSURE THE DECLARATION OVERLEAF IS COMPLETED. ENTRIES RETURNED WITHOUT A SIGNED DECLARATION WILL BE INVALID.

\* please delete as applicable

# GENERAL DECLARATION FOR COMPLETION BY ALL COMPETITORS AND ENTRANTS

I herby make application to participate in the Sprint meeting to be held at Silverstone on Sunday 24<sup>th</sup> June 2007. I certify that the particulars of my car as given are correct.

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 event and the potential risk inherent with motor sport and agree to accept that risk. Further I understand that all persons having any connection with the promotion and/or organisation and/or conduct of the event are insured against loss or injury caused through their negligence.

I declare that 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.

I understand that should I at any 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.

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 (E2.9).

I hereby agree to abide by the MSA Child Protection Policy and Guidelines.

#### **Additional Circuit Declarations**

Address:

I accept that no claim can be brought against the Club, the circuit owner or its agents in the event of damage being caused to my vehicle as part of circuit recovery process. I understand that any damage caused to the paddock surface by the use of pegs or stakes or any tarmac surface damage by the deposit of liquids may result in a fine and / or exclusion from the meeting.

I agree to declare the use of on board cameras to the Club who will obtain the necessary approval from the circuit owner.

I understand that hospitality may be offered by competitors to team members or sponsors but only if in possession of a permit issued by the circuit owner - the penalty for hospitality areas without permits or in excess of the agreed maximum area may be a fine of

Signature of DRIVER/ENTRANT:	Date:		Age:	(If	under	18)
Signature of SECOND DRIVER:	Date:					
In the event of a serious accident please give d	letails of a person we can contac	t:				
Name:	Relationship:	Telephone Number(s)				
Address:		Post Code:				
IMPORTANT: Any indemnity and/or declaration 18 years, MUST be counter-signed by that personal transfer of the counter-signed by the						
If I am the Parent/Guardian/Guarantor of the driver I unthe Supplementary Regulations issued for this event and	3	be present during any pro	ocedure b	eing c	arried ou	ıt under
Any application form for a Licence which was s parent/guardian/guarantor, whose full name and address	3 3 1	e of 18 years was co	untersign	ed by	that	oerson's
As the Parent/Guardian/Guarantor I confirm that I have fees pursuant to those Regulations (to include appendice to the consequences resulting from those Regulations (a imposed upon me up to the maximum set out in Section who must produce a written signed authorisation to so an account of the parameters of the produce and the produce a written signed authorisation to so account of the parameters of the parameters of the parameters of the produce and the produce and the parameters of the paramet	es thereto) and hereby agree to be bour and any subsequent alterations thereof on Z. <b>Note</b> : Where the parent/Guardia	nd by those Regulations an ). Further, I agree to pay an/Guarantor is not present	d submit as liquida	myself ted da	without mages a	reserve ny fines
Signature of Parent/Guardian/Guarantor:		Date	:			

Post Code: .....