



Reference	Date Received	Class	Insurance	Cash Cheque Bank Transfer	Comp. No
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PLEASE FILL IN ALL SECTIONS IN **BLOCK CAPITALS**

DRIVER:

Address:

.....

.....

Post Code:

Telephone:

E-Mail:

Next of Kin:

Address:

.....

Telephone:

NAVIGATOR:

Address:

.....

.....

Post Code:

Telephone:

E-Mail:

Next of Kin:

Address:

.....

Telephone:

CLASS ENTERED:

SEEDING INFORMATION

Driver:	Navigator:
.....
.....
.....

CAR MAKE/MODEL:	COLOUR:
REGISTRATION NUMBER:	ENGINE CAPACITY:

INSURANCE: Can you comply with the Jelf Insurance Partnership Declaration? **YES** / **NO**

If **NO** please complete the proposal form (available to download on the club's website)

If on **OWN INSURANCE**, please give details below:

Name of Insurer:

Address:

..... Policy Number:

MARSHAL'S DETAILS (Must be completed or entry will not be accepted)

Name:

Address:

..... Telephone Number:

All controls will be allocated on a first come, first serve basis – no pre-booking of controls will be allowed unless your marshal is manning more than one control (it is your / your marshal's responsibility to get in touch should this be the case)

DECLARATION

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.

Signed:(Driver) (Navigator) Date:

Age:(Driver) (Navigator)

If the Entrant is under 18 years of age, this form and a parental consent form (available on the club's website) must be signed by a parent or guardian. A parent / guardian must also attend signing on.

This entry is made with my consent:

Signature of parent /guardian: Date:

Relationship to Entrant:

Address:

..... Telephone Number:

FEES

Entry Fee @ £95 £

Insurance @ £15.85 £

Membership LLMC Single @ £10 £

Family @ £15 £

Total £

Method of Payment (please tick)

Cash Cheque Bank Transfer

Make all cheques payable to "Llandysul Motor Club Ltd"

Bank Transfer Sort code: 30-67-69 Account No. 23535968

Please ensure the entry form is completed **IN FULL** and in a legible manner. Membership forms available on the club's website and need to be submitted with the entry form.

Return the form to the Entry Secretary:

Mrs Beryl Hands
Penrhiwgribyn
Llandysul
Carmarthenshire
SA44 4RN