



## KART ENTRY FORM

COMPETITION SECRETARY: MRS SUE DAVIS 3, HAZELDENE CLOSE, LA POUQUELAYE, ST HELIER,  
JERSEY, JE2 3GF TEL/FAX: (01534) 872220 / Mob: 07797785668

**Date of Event:** \_\_\_\_\_ **Venue:** Sorel Point, St John

Held under the General Regulations of The Motor Sport Association (incorporating the provisions of the International Sporting Code of the FIA) and the Supplementary Regulations.

**Driver:** \_\_\_\_\_ **Race No:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ **Post Code:** \_\_\_\_\_

**Telephone No:** \_\_\_\_\_

**Club:** \_\_\_\_\_ **(Local Competitors) Membership No:** \_\_\_\_\_

**MSA Licence No:** \_\_\_\_\_ **Restricted (Novice) Y/N** \_\_\_\_\_

**Class:** \_\_\_\_\_

**Chassis:** \_\_\_\_\_ **Engine Cubic Capacity:** \_\_\_\_\_

**Name of person to be contacted in case of Emergency:** \_\_\_\_\_

**Address:** \_\_\_\_\_

I have read the Supplementary Regulations issued for this event and agree to be bound by them and by the General Regulations of the Motor Sports Association. In consideration of the acceptance of this entry and of me being permitted to take part in this event, in respect of any parts of the event not held on a publicly adopted road. I agree to save harmless and keep indemnified The Motor Sports Association, such Person, Persons or Body as may be authorised by The Motor Sports Association to promote or organise this event and their respective Officials, Servants, Representatives and Agents together with other Competitors and their respective Servants, representatives and Agents from and against claims, expenses and demands in respect of Death of or Injury to or Damage to the Property of myself, my Driver(s), Passenger(s), Mechanic(s) or associated personnel, arising out of or in connection with this entry or my taking part in this event.

I declare that to the best of my belief the driver(s) posses(es) the standard of competence necessary for an event of 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 the time of the 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 Motor Sport Association 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 be in possession of a current MSA approved Medical Certificate.

**Signed:** \_\_\_\_\_

### THIS PART MUST BE COMPLETED IF UNDER 18 YEARS

**My age is:** \_\_\_\_\_ **Signed:** \_\_\_\_\_ **Counter-Signed:** \_\_\_\_\_

**Counter –Signatory**

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

\_\_\_\_\_ **Post Code:** \_\_\_\_\_