

LAKES REGION ICE RACING CLUB

MINOR DRIVER INFORMATION

Junior Membership: Free_____

Membership Fee: \$50.00 prior to the Sandwich Fair_____

Membership Fee: \$75.00 after the Sandwich Fair_____

Daily Driver: \$20.00 per race_____ (NO POINTS)

STOCK # _____ MODIFIED # _____ SPRINT # _____ FWD # _____ RWD # _____ JUNIOR # _____

PLEASE WRITE YOUR CAR NUMBER NEXT TO YOUR CLASS

Name _____ Mailing Address _____

City/Town _____ State _____ ZIP _____

Date of Birth _____ Phone Number _____

Name of parent(s) or legal guardian(s) for drivers 13-18 years old _____

I, _____, authorize _____ to race with the LRIRC. I will be present on
(parent/guardian print name) (driver print name)
race day. I fully understand the rules and regulations as set forth by the LRIRC and I hereby agree to abide by
them and any decisions rendered by the officers of this club. I further understand that the minor drivers race at
their own risk, and the LRIRC and its volunteers are not responsible for any personal injury or property damage
that may occur as a result of my participation.

Parent/Guardian Signature _____	Date _____
Driver' Signature _____ (must be signed in front of 2 non-related witnesses)	Date _____
Witness Signature _____	Date _____
Witness Signature _____	Date _____

Emergency Contact: Please list at least one person to contact in case of an emergency

Name	Phone Number	Relationship
1. _____	_____	_____
2. _____	_____	_____

Please list any medical conditions and/or medications you cannot take:
