

SKRA MEMBERSHIP APPLICATION – 2012 (January 1st – December 31st)

Single Member \$100 \$ _____

Family Membership \$125 (same family¹) \$ _____

¹Immediate family residing at the same address and children under the age of 21
Applicants must be at least 5 years of age to be SKRA members

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A. CONTACT INFORMATION:

NAME _____ ADDRESS _____

CITY/STATE _____ ZIP CODE _____-_____

EMAIL _____

PHONE # () _____ - _____ WORK PHONE # () _____ - _____ HOME

B. DRIVERS (list all family members who will be drivers):

NAME _____ DATE OF BIRTH ____/____/____

KART # DESIRED (if available): (1st) _____ (2nd) _____ CLASS _____

NAME _____ DATE OF BIRTH ____/____/____

KART # DESIRED (if available): (1st) _____ (2nd) _____ CLASS _____

C. FAMILY MEMBERS JOINING SKRA (non drivers):

NAME _____ DATE OF BIRTH ____/____/____ RELATIONSHIP _____

NAME _____ DATE OF BIRTH ____/____/____ RELATIONSHIP _____

NAME _____ DATE OF BIRTH ____/____/____ RELATIONSHIP _____

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THE FOLLOWING MUST BE FILLED OUT FOR APPLICANTS UNDER 21 YEARS OF AGE

I, undersigned, do hereby state that _____ Age _____ is in apparent good health and physically able to participate in the strenuous activities of kart racing at sea level and altitudes up to 7000 feet with such activities further stressed by exposure to conditions of humidity and temperatures. Further, it is also stated that the above named minor is not subject to fainting, loss of balance, loss of muscular coordination, and in general free of other physical ailments that could be aggravated by the stress of driving in kart competition events thereby placing himself, competitors, spectators, and others in attendance in jeopardy of injury. Further, pursuant to the best interests of the above named minor, competitors, spectators, and other attendants at kart competition events, there is no intent to conceal a possible condition when such revelation would be ample cause for SKRA to withhold the issuing of membership, or in any way ratify the participation of said minor in karting events sanctioned by SKRA.

LAST DATE OF PHYSICAL _____ PARENT/GUARDIAN SIGNATURE _____

MAIL COMPLETED APPLICATION TO:

SKRA
P.O. BOX 9549
SPOKANE WA 99209