



WHEELSPIN StreetCar SERIES 2024 - REGISTRATION FORM

(LEGIBLE BLOCK CAPITALS please)

*** ALL SECTIONS MUST BE COMPLETED**

MSUK Series Registration: t.b.a.

ENTRY #		CLASS		CLASS #
DATE				

First Name: *							
Surname: *				MSUK Licence #: *			
Address: *							
County: *							
Post Code: *							
Tel (H): *							
Tel (M): *							
Email: *							
IF under 18: Date of Birth: *							
Club: (see SR 2) *							
Class: *	A	B	C	D	E	F	G
Car Make: *							
Model: *				Capacity: cc *			
Registration: *							
EXPERT: *	NOVICE: *	JUNIOR: *	LADY: *	CDCC *			

CHALLENGE REGISTRATION

I have read the rules, terms and conditions of the "WHEELSPIN StreetCar SERIES 2024" and agree to be bound by them and the General Regulations of Motorsport UK. I also agree to abide by and be bound by the Supplementary Regulations of each round of the Series.

INDEMNIFICATION:

'I declare that I have been given the opportunity to read the General Regulations of the Motorsport UK 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 competition and the potential risk inherent with motor sport and agree to accept that risk.'

I understand that motorsport can be 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. In consideration of the acceptance of this entry I agree that neither any one of or any combination of Motorsport UK and its associated clubs, the organisers, the track 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 the Event including but not limited to damage to property, economic loss, consequential loss or financial loss howsoever caused. 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 the Event.

"I declare that to the best of my belief the driver possesses 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".

Signature *		Date *	
Age: if applicable state "over 18" *			
If the competitor is under 18 years of age this form must be countersigned by a parent or guardian.			
This entry is made with my consent, Signature of parent or guardian			
Full name of parent or guardian			
Address:			

REGISTRATION FEE - £5 per competitor (to the Local Air Ambulance – as per SR2)

* PLEASE indicate which method of payment is made in the appropriate tick box.

Cheques: to be made payable to:- "Cannock & District Car Club"

BACS: payment to Sort Code: 40 15 09, Account No: 31158716 using ref: " (e.g.):-" **1st INITIAL & SURNAME + SERIES 24**) [i.e. J. Bloggs, series 24]"

CASH:

By signing this form, I agree that CDCC may wish to publish my personal data as part of the operational organisation of any event in the series, including entry lists & results. They may pass such information to Motorsport UK. This data includes, (but is not limited to), names, addresses, club affiliation, age category and car details.