2017 HYUNDAI COUPE CUP SERIES

EVENT ENTRY FORM

PLEASE COMPLETE ALL REQUIRED SECTIONS IN BLOCK CAPITALS

2017 NOTES FOR COMPLETION

- **Please ensure that all information is completed, as if you do not do so, your entry will not be accepted.**
- **If submitting entry form electronically, please insert a "Digital Signature" or "X" in the required signature sections.**
- **Competitors are reminded that any entry not fully completed or not accompanied by the correct fee is NOT a valid entry.**

SECTION 1 – DRIVER DETAILS

First Name: **Surname:**

Address (1st Line):

Town: **Postcode:** **Date of Birth:** / /

BARC Memb No: **Email:**

Home Phone: **Work Phone:** **Mobile Phone:**

Licence No: **Licence Grade:** **ASN:**

Is the Driver taking any prescribed medication or suffering from any condition which should be notified to the medical team?

If Yes, Please give details -

Next of Kin Name: **Relationship to Driver:**

Home Phone: **Mobile Phone:**

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.

Driver Signature: **Date:** / /

Age if Under 18: **Any indemnity and / or declaration as described by the paragraphs above which is signed by a person under the age of 18 shall be countersigned by that person's parents or guardian, whose full name and address is given below.**

Name of Parent/Guardian: **Signature of Parent/Guardian:**

Address:

SECTION 2 – VEHICLE DETAILS

Marque: **Model:**

Engine Size (cc): **Transponder No:**

Competition Number: **Racing Class:**

Team Name/Sponsors Info:

SECTION 3 – ENTRANT DETAILS

NB: This section is only to be completed if a valid Entrants Licence has been issued by your ASN. If no Entrant Licence is held then the Driver whose details have been entered in Section 1 will be automatically nominated as the Entrant in conjunction with MSA Regulation (H1.3).

First Name: _____ **Surname:** _____

Address: _____

Postcode: _____ **Entrant Signature:** _____

Home Phone: _____ **Work Phone:** _____ **Mobile Phone:** _____

Email Address: _____

Entrant Licence Number: _____ **ASN:** _____

SECTION 4 – EVENT DETAILS

Date	Venue	Entry Fee	Entering	1st Time at Circuit?
March 25th – 26th	Silverstone Nat	£340.00		
May 6th – 7th	Snetterton	£340.00		
June 3rd – 4th	Thruxton	£340.00		
July 1st – 2nd	Rockingham	£340.00		
September 2nd – 3rd	Donington Park	£340.00		
September 23rd – 24th	Brands Hatch	£340.00		
October 7th - 8th	Silverstone Int	£340.00		

TICK BOX TO ENTER REQUIRED RACE MEETING

INDICATE IF YOU HAVE NOT RACED AT THIS CIRCUIT BEFORE

SECTION 5 – BARC MEMBERSHIP DETAILS

Full BARC Racing Membership - £90.00 _____ **BARC Weekend Membership - £30.00** _____

(BARC Membership is required to compete in this Championship. Entries without a Full or Weekend Membership will be refused. No more than 3 x Weekend Memberships per Season.)

SECTION 6 – MARSHALS FUND DETAILS

Would you like to make a donation to the "Marshals Fund"? Yes / No **If "Yes", please state amount** _____

SECTION 7 – PAYMENT DETAILS

I wish to make payment for my race entries by the following payment method: (Please choose one from the following)

1. **Cheque:** (Cheques are to be made payable to "BARC LTD") _____
2. **Bank Transfer:** (Bank: Barclays, Account Name: BARC LTD, Account Number: 63502724, Sort Code: 20-19-90) _____
3. **Credit/Debit Card:** (If paying by card, please select from the payment options below) _____ (NB: There is a £4 charge for payment by Credit Card)
4. **Online Payment:** (Tick box on right to be registered for online payment system) _____

Card Payment Options: (If paying by card only, please choose one from the following)

- **Option 1 –** All rounds selected in Section 4 in one payment. (Payment to be made before closing date of first round selected) _____
- **Option 2 –** Payment to be taken 20 days before each round selected in Section 4. _____

Card Type: Credit- _____ **Debit-** _____ **Card Number:** _____

Start Date: _____ / _____ **Expiry Date:** _____ / _____ **Security Code:** (Last 3 digits on Signature Strip) _____

Name on Card: _____ **Card holders Signature:** _____

SECTION 8 – CHAMPIONSHIP REGISTRATION DECLERATION

I have registered for the 2017 Coupe Cup Series and have been issued a Race Number via the Championship Co-Ordinator. I agree to abide by all the Sporting and Technical regulations produced by Coupe Cup Series, BARC and the MSA, including any amendments or clarifications that may be made by these parties throughout the 2017 season.

Driver Signature: _____ **Date:** ____ / ____ / ____

To submit a completed entry form:

Fax: 01264 882233

Email: dwheadon@barc.net

Print & Post: BARC, Thruxton Racing Circuit, Andover, Hampshire. SP11 8PW