



# ENTRY FORM

## Dry Lakes Racers Australia

For Official Use Only	Membership
Event Date .....	
Entry Fee Paid \$.....	

### Driver Details

Surname	Firstname	Middle Initial	
Street	City	Postcode	
Phone	Fax	Mobile	
Signature	Date	Driver Number	

Parent or Guardians permission if under 18 years old.

Name: \_\_\_\_\_ Contact Phone No. \_\_\_\_\_

Signature: \_\_\_\_\_

## ALL DRIVERS ARE REQUIRED TO ATTEND DRIVERS MEETINGS

**Eligibility:** All owners and drivers must be financial members of the DLRA. Owners / driver under 18 years of age must have notarized consent from a Parent or Guardian.

**Important:** You are not officially entered until this entry form has been completed and returned to the DLRA office and recorded by the Speed Trails officials.

Notice: Call 0435 213 785 for advanced weather information.

**Race Entry Fee:** \$275

(Will only be refunded if meeting canceled due to adverse weather conditions)

\$175 for additional drivers, in the same vehicle.

\$.....

**Lost Log Book Replacement** books \$50

\$.....

**Late Entry:** After 1<sup>st</sup> February 2012 there will be an additional \$150 late entry fee (no refund applicable)

\$.....

### Credit Card Details

Card No. \_\_\_\_\_

Expiry: . \_\_\_ / \_\_\_ CCV: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

### Vehicle

Entry Name			
Vehicle Make	Model	Year	
Colour	Class	Class Record	

### Engine

Make	Year	No. of Cylinders	
Displacement	Blown / Unblown	Class	

Please Note: This event does not run by itself, we need volunteers to set up and dismantle. Your team must have workers available at some stage between Saturday before race week begins and after close of courses available until all work is finished (Friday evening). Refer to volunteer roster on website. <http://www.dlra.org.au/schedule.html>

**Drivers Medical Form** (one form required per driver.)

Date of Birth		Social Security #		Health Insurance	
Doctor		Doc. Phone		Policy #	
Medication		Allergies		Other Drugs	
Ailments		Surgeries		Blood Type	
Person(s) to notify in case of emergencies	1.	2.		Phone #	

**Conditions you have OR have had in the past** (please check alongside if one or more items apply to you.)

Arthritis	<input type="checkbox"/>	Drinker	<input type="checkbox"/>	Head Injury	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	Shortness of Breath	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	Ear Problems	<input type="checkbox"/>	Hearing Loss	<input type="checkbox"/>	Hives	<input type="checkbox"/>	Sinus Trouble	<input type="checkbox"/>
Back trouble	<input type="checkbox"/>	Emphysema	<input type="checkbox"/>	Heart Trouble	<input type="checkbox"/>	Jaundice	<input type="checkbox"/>	Smoker	<input type="checkbox"/>
Broken Bones	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Hemophilia	<input type="checkbox"/>	Kidney Disease	<input type="checkbox"/>	Stomach Trouble	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	Eye Problems	<input type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>	Nervous Trouble	<input type="checkbox"/>	Stroke	<input type="checkbox"/>
Chest Pain	<input type="checkbox"/>	Gall Bladder	<input type="checkbox"/>	Rheumatism	<input type="checkbox"/>	Paralysis	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Goiter	<input type="checkbox"/>	Hemorrhoids	<input type="checkbox"/>	Polio	<input type="checkbox"/>	Tumor, Cyst or Growth	<input type="checkbox"/>
Diphtheria	<input type="checkbox"/>	Hay Fever	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	Respiratory Problem	<input type="checkbox"/>	Ulcer	<input type="checkbox"/>

<b>Emergency Authorization:</b> In the case of an emergency wherein I am incapable of giving consent due to illness or injury. I hereby authorize any qualified person to administer first aid and / or any other necessary treatment.	Signed: .....
<b>Emergency Surgical Authorization:</b> In case of emergency wherein I am incapable of giving consent due to illness or injury, I hereby authorize any licensed surgeon and his choice of anesthetist to perform surgery, if necessary. The need for surgery must be agreed upon by two (2) physicians qualified to make such a judgement.	Signed: .....
<b>Donor Authorisation:</b> In the hope that it may help others. I hereby make this anatomical gift, if medically acceptable, to take effect upon my death. The words and marks below indicate my desires to give (a) any organs or parts. (b) only the following organs or parts. Specify the organs or parts	Signed: .....  Witnessed: .....

**Disclaimer**

Motor racing is dangerous and neither the Dry Lakes Racers Australia, the proprietors of Mt. Ive Station, the Government of South Australia, nor any promoter or conveyor of this or other meetings will be held responsible and the competitor whose signature appears below hereby agrees to make no claim whatsoever against Dry Lakes Racers Australia Inc., promoters or conveyors for any damage, injury or loss arising out of or in connection with any activity convened by Dry lakes Racers Australia Inc.

Signed : .....

**Release**

I, the undersigned in consideration of the timing, track, accommodation and other facilities, waive any and all legal liability and / or cause of action that I may now have or hereafter acquire against the Dry Lakes Racers Australia, or any of its members or anyone employed or acting as timers, judges or in any other capacity in conducting such races and / or timing event at Lake Gairdner or any other place.

Signed : .....

<p><b>DRY LAKES RACERS AUSTRALIA</b>                  PO Box 349 Castlemaine VIC 3450                  Phone : 03 5472 4629 Fax : 03 5472 4629                  URL : <a href="http://www.dlra.org.au">http://www.dlra.org.au</a>                  General Information email : <a href="mailto:drylakesracersau@hotmail.com">drylakesracersau@hotmail.com</a>                  Entries &amp; Credit Card email: carol@castlemaine.net</p>
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