



SANDY CREEK RACEWAY

HOME OF WARWICK KART CLUB

"The Friendly Place to Race"

PO Box 607, WARWICK 4370

President: Bob Larance – 0412 297206, Secretary: Yuris Spelitis – (07) 3351 6341, Membership Secretary: Anne Spelitis – (07) 3351 6341

APPLICATION FOR MEMBERSHIP 2012

IT IS IMPORTANT THAT YOU READ, UNDERSTAND AND FULLY COMPLETE THIS FORM BEFORE YOU SIGN IT. A SEPARATE FORM MUST BE COMPLETED BY EACH APPLICANT, EXCEPT IN THE CASE OF FAMILY MEMBERSHIP, AS SPECIFIED BELOW.

Name DOB

Address Postcode

Phone Mobile

Email

(Please print clearly and remember that email addresses are case sensitive)

Membership Required: *(circle as appropriate)*

SINGLE \$75 FAMILY \$100

Payment can be made by:
Cheque/Money Order payable to Warwick Karting Club Inc

Bank Transfer to: Bank: Warwick Credit Union
BSB: 817 001 **Acc No:** 446660 **Acc Name:** Warwick Kart Club

Please use your last name as the reference

AKA Licence: Held / Applied for *(circle as appropriate)*

PRACTICE COMPETITION

Licence Number

AKA licence applications to be completed via the AKA website at
www.karting.net.au

Family Membership

List family members - Family is deemed to be 1 or 2 adults with up to 3 minors (under 18) living at the same address

Father

Mother

Child 1

Child 2

Child 3

I agree to abide by and be bound by all or any of the conditions, rules and regulations which may be applied or imposed by the Warwick Kart Club in respect of my involvement with the members and the property of the Club, including rulings applied by the official caretaker.

I, together with my executors, administrators or successors, in consideration of my being permitted to enter and use the premises of Warwick Karting Club Inc ACKNOWLEDGE that I am fully responsible for my own safety and for any damage that may be done to my person or property, or to the personal property of any other person involved with the activities of the Warwick Karting Club, and I hereby RELEASE the members who constitute the association known as the Warwick Karting Club from any or all claims at law which may be made by me against the Club for any grounds whatsoever, and I hereby INDEMNIFY the said Club against all claims or actions which may be brought against me in respect of my being associated with the said Club and its activities.

Signed by the **Applicant**

In the presence of
(Witness Signature)

.....
(Full Name of Witness – please print)

Signed by **Parent or Guardian**
(If Applicant under 17 years of age)

Dated this day of 20

Send completed form and payment (or proof of payment) to:

Membership Secretary
Warwick Karting Club Inc
6 Tarmon Street, Ferny Grove Qld 4055