

**CALGARY KART RACING CLUB 2009 MEMBERSHIP APPLICATION / DAY PASS (EXPIRES MARCH 31, 2010)**

Be sure to include the following with application:

1. Cash, check or Money Order payable to: Calgary Kart Racing Club 2. Kart Number(s) - if applicable at time of application
3. Transponder Number(s) - if applicable at time of application
4. ASN License Number / Grade(s) - if applicable at time of application
5. Completed ASN Medical Examination(s) or date of last ASN Medical exam(s) or ASN Medical Self Declaration As per the 2009 ASN Sporting regulations, all Licence applicants are required to pass a medical examination by a physician as follows:

- At the time of an initial (first-time) licence application if no previous medical examination has been done or a medical examination is due:

Every five (5) years for applicants 7 to 35 years of age. Every two (2) years for applicants 36 to 59 years of age. Every year for applicants 60 years of age and older.

Licence Applicants require a Medical Self-Declaration in the years in which a medical examination by a physician is not required. (Please provide to CKRC a copy of your last medical exam)

.ASN Canada FIA reserves the right to request a medical examination by a physician from a licence applicant at any time.

Submit to: CKRC, C/O 72 Chaparral Way SE Calgary Alberta Canada T2X 3K5 or FAX 403 454 1198

**MEMBER IDENTIFICATION**      **Name :** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Birth date: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail (*IMPORTANT!*): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Transponder #(s): \_\_\_\_\_ Class(es) Competing In: \_\_\_\_\_

Date of last ASN Medical: \_\_\_\_\_ ASN License: \_\_\_\_\_ Kart #s Requested \_\_\_\_\_

How did you learn about CKRC? \_\_\_\_\_

**MEMBERSHIP DESIRED** (check one or more)

FULL MEMBERSHIP (includes 2009 track pass)      **\$400**

JUNIOR MEMBERSHIP (includes 2009 track pass)      **\$300**

LAST 5 RACES ONLY & ENDURO (includes balance of 2009 track pass)      **\$250**

LAST 2 RACES ONLY & ENDURO (includes balance of 2009 track pass)      **\$150**

ADDITIONAL FAMILY MEMBER(S), (each, includes voting privileges and track pass - minors, spouses & dependents only)      **\$50**

KEY FOR TRACK ACCESS (Must complete Practice Supervisor Course and register for minimum 4 dates) Also see note 2      **\$50**

NON RACING MEMBERSHIP (no pass, not eligible to race)      **\$50**

DAY PASS MEMBERSHIP      **\$40**

**Total \$**

As a member of The Calgary Kart Racing Club (CKRC), I hereby accept to abide by the rules and regulations as published by CKRC and any other body sanctioning races in conjunction with CKRC.

**Office use only**

Registered membership numbers

Approval Stamp/Date (X referenced to Presidents approval sheet)

## ADDITIONAL FAMILY MEMBERS

Limited to immediate family and dependents (i.e. those people that can be claimed as spouses or dependents on for taxation purposes):

The following statement must be signed by all individuals who are named on the annual membership / track practice pass.

I agree to abide by the CKRC Rules, regulations and procedures for use of the CKRC's kart race track for Racing and Non Competition Practice, Testing and Tuning.

Name \_\_\_\_\_ Relationship to principle applicant \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Birth Date \_\_\_\_\_ E-mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Date of last Medical \_\_\_\_\_

Kart #s requested \_\_\_\_\_ Transponder # \_\_\_\_\_ Class (es) \_\_\_\_\_

Name \_\_\_\_\_ Relationship to principle applicant \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Birth Date \_\_\_\_\_ E-mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Date of last Medical \_\_\_\_\_

Kart #s requested \_\_\_\_\_ Transponder # \_\_\_\_\_ Class (es) \_\_\_\_\_

Name \_\_\_\_\_ Relationship to principle applicant \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Birth Date \_\_\_\_\_ E-mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Date of last Medical \_\_\_\_\_

Kart #s requested \_\_\_\_\_ Transponder # \_\_\_\_\_ Class (es) \_\_\_\_\_

The following statement must be signed by all individuals who are named on the annual membership / track practice pass.  
**I agree to abide by the CKRC rules, regulations and procedures for use of the CKRC,s Kart race track for Competitive and Non Competition Practice, Testing and Tuning.**

Principle Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Additional Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Additional Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Additional Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Calgary Kart Racing Club is an affiliated member of ASN Canada FIA and all members are subject to the rules and regulations contained within the current year Canadian Karting Regulations Book 1 Sporting Regulations and therefore they should make themselves acquainted with it in all aspects.**

**Note 1: The information on this form may be published or distributed unless member(s) request it be withheld.**

**Note 2: Juniors wishing a key will register the Mechanic as a full member then the driver as an additional member.**