



Office
use:

2018 AUTUMN CLASSIC ENTRY FORM

Return form to: Castle Combe Racing Club, Castle Combe Circuit, Chippenham, Wiltshire, SN14 3EY PLEASE COMPLETE IN BLOCK CAPITALS

RACE MEETING DATE: 6TH OCTOBER 2018–AUTUMN CLASSIC

RACE ENTERED: THE PHIL BROSTER MEMORIAL RACE
for Austin Healey Cars
25 minutes - ENTRY FEE £300

Healeysport Competitions Manager:-
Joe Cox - 07710 028163
joe.cox@healeyracing.co.uk
www.healeysport.org

CLASS ENTERED:

- Class A: 100 Four Cylinder cars
- Class B: 100/6 & 3000 Six Cylinder Cars
- Class C: Works, Period & Special Bodied Sprites
- Class D: MGCC Championship Sprites. Semi-Modified
- Class E: MGCC Championship Sprites. Modified



Classes A, B & C must run to HDI 2018 Regulations but may additionally use Avon CR6 ZZ race tyres

Classes D & E must run to their current MGCC Championship regulations

DRIVER DETAILS

DRIVERS NAME:

ADDRESS:

HOME TOWN:

POST CODE:

EMAIL ADDRESS:

TEL No.:

MSA LICENCE NO:

MOBILE:

MSA LICENCE GRADE:

DATE OF BIRTH:

Vehicle is 0.34bhp/kg or higher YES NO

National A licence required as per Q9.1.2

UNDER 18 YEARS: YES NO

HAVE YOU RACED AT CASTLE COMBE IN ITS CURRENT FORMAT?

YES NO

NEXT OF KIN - NOTIFIED IN CASE OF A SERIOUS ACCIDENT

NAME:

RELATIONSHIP:

TEL No.

CAR DETAILS

MAKE:

MODEL:

CC:

PREFERRED RACE NUMBER:

TRANSPONDER NO.

CLASS:

TURBO FITTED: YES NO

COLOUR:

YEAR:

SPONSOR DETAILS:

PAYMENT DETAILS

No entry will be accepted unless accompanied by the correct entry fee.

All cheques are to be made payable to the **Castle Combe Racing Club Ltd.**

1. I enclose a cheque for the total of:

£

2. Card Payment

£

CARD NUMBER:

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Issue
Maestro only

No.

3 digit
code

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I authorise my card to be debited for the total amount indicated above

SIGNED:

Declaration:

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.

Drivers
Signature

If completing this form electronically please place a cross in this box to confirm you have read & understood the declaration:

Date:

Entrants
Signature

If completing this form electronically please place a cross in this box to confirm you have read & understood the declaration:

Date:

IMPORTANT UNDER 18's: Any indemnity and/or declaration as prescribed by the paragraphs above is signed by a person under the age of 18 shall be countersigned by that person's parents or guardian, whose full name & address shall be given below.

Parent/ Guardians
Signature:

Date:

Address:

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Contact Tel No.