



SPORTS CAR CLUB OF NEW ZEALAND INC. **CLUBSPORT ENTRY FORM**

EVENT: AUTOCROSS

ENTRY FEE: \$100 (SEE ANNEX A TO SUPP REGS FOR DETAILS)

OFFICAL USE ONLY	
Date Rec:	Audit:
Entry Con:	Comp. No:

VENUE: HAMPTON DOWNS

DATE: SUNDAY, 15TH MARCH 2020

	FEE PAYMENT: CHQ/CASH O DIRECT CREDIT
A Driver/Entrant Details	1. Indemnity:
Driver's Name:	I have received the Supplementary Regulations and all other Regulations and Articles as required in the Appendices and Schedules of the current edition of the MotorSport Manual for the event I am entering in and agreed to be bound by them and by the National Sporting
Address (not PO Box No):	Code of MotorSport New Zealand Inc. In consideration of the acceptance of this entry and of my being permitted to take part in the Meeting or Event detailed,
Phone :() Email:	I agree not to pursue claims against and (severally) to save harmless and keep indemnified MotorSport New Zealand Inc, its members, its associated or affiliated clubs and entities, ClubSport and /or event organisers and promoters, the invited clubs and/or entities, circuit
Emergency contact: Name:	owners, providers and operators, owners and tenants of private property (including land, buildings and/or fixtures, fittings and chattels) traversed, or proximate to events, officials,
Relationship: Phone: ()	fellow competitors, and the directors, officers, servants, representatives and agents of those entities (all together "the Indemnified Parties") in relation to all losses, actions, expenses, costs, liabilities, claims and demands in respect of death, injury, loss or damage to persons or
Competition Licence Class: Licence No:	property of myself, my team (including drivers, co-drivers, passengers management and/or mechanics) whatsoever or arising out of, or in connection with this entry or taking part in the events this entry relates, notwithstanding that such death, injury, loss or damage, may have
Competition Licence Expiry Date: End of	been contributed to, or caused by the negligence of the Indemnified Parties and/or by any other person. This provision confers a benefit on, and is intended to be enforceable by each
Are you a MotorSport NZ-affiliated club member: YES NO	of the Indemnified Parties (in accordance with the Contracts (Privity) Act 1982).
Club: Membership Expiry Date:/ /	 Ability to Control a Vehicle - Declaration by Driver: I declare that should I at the time of any event this entry form relates to, be suffering from any
Civil Driver's Licence No: Expiry Date:/	disability of any kind, whether permanent or temporary, which is likely to detrimentally affect my control of my vehicle or my fitness to drive same, I will not participate in that event.
Required for statistical purposes: Male Female Age Group: Under19 19-25 26-35 36-60 61+	Vehicle Conformance with Schedule A or AA – Declaration by Driver: I declare that the vehicle detailed in this entry form complies with the vehicle safety items set out below and will be presented on request to an appointed scrutineer or Technical Officer,
Date of Birth (if under 19):/	complying at all times with the safety and eligibility requirements detailed in the National Sporting Code, its Appendices and Schedules.
Are you a "First Time" Competitor:	Critical Safety
Entrant: (Required in all cases where the Entrant is other than the Driver. This Licence must be purchased from MotorSport NZ prior to the event)	Helmet & Protective Clothing Seat(s) & Mountings Safety Harness & Head/Neck Restraint Roll Protection & Window Nets Wheels & Tyres Braking System Steering & Suspension Fuel System
Entrant's Name:	Non-Critical Safety Engine and Transmission Mounts Power Unit Mounts Battery
Address:	Flexible Fluid Lines & Hoses Exhaust System Throttle Return(failsafe) Ignition Switch/Circuit Breaker Brake Lights Lighting System
Entrant's Licence No:Licence Expiry Date://	Rain/Rear Lights Doors Reverse Gear operation Starter Motor operation Electric Wiring Panels & Covers Tow Eyes
B1 Vehicle Details	Rear Vision Mirrors Wipers and Demisters Oil Catch Tank/s Body/Chassis Condition Interior Cockpit fittings Bulkheads
Vehicle Make:Model & Year:	Exterior Appearance Aerofoils & Spoilers Non Safety
Vehicle Primary Colour: Capacity in cc:	Ballast (Security) Registration & WoF LVV Plate LVV/MSNZ Authority Card Competition Numbers
Logbook No: Date of last Audit:/	l acknowledge that where any breach of the Safety Schedule is found during a Safety Audit,
Number of events since Audit: Preferred Competition No:	I will be subject to penalties under the National Sporting Code and my signature below indicates my acceptance of this undertaking.
Best time in this car on this track N/R On another track: N/R	Authority to disclose Medical Information: I authorise the medical providers of the event to disclose medical information relevant to
B2 For Historic or Classic Vehicles – please complete:	illness or injury sustained by me during the above mentioned event to MotorSport New Zealand Inc. and its officials.
Applicable Schedule (please tick): K T&C CR	Signature of Driver Date
Period Classification: COD Classification:	Signature of Driver
(Note: refer to the current MotorSport Manual, Appendix 6, Section 3, Part 2, Vehicle Categories for assistance in completing this section)	Signature of EntrantDate Note: If the Driver and Entrant are one and the same person, only the Driver's signature is required.
Privacy Act 1993 – Application Not withstanding the requirements of MotorSport New Zealand Inc. and/or Sports Car Club of NZ Inc. to collect data from this form for statistical and event organizational purposes, MotorSport New Zealand Inc. and/or	IMPORTANT NOTICE: If any of the above signatories is under the age of 16 years, then they must produce a Junior Competition Licence, or have the following completed by an authorised person:
Sports Car Club of NZ Inc. may also wish to use and publish competitor names and vehicle details for the purpose of producing event results and	I,of
a magazine article relating to this event. Do you consent to the compilation & publication of this information	being the parent/guardian of
(please tick): YES NO NO You have the right under the Act to access and correct this	(full name of underage competitor) do hereby consent to his/her participation in this event.
information.	SignedDate

Form: MCS 304 Official ClubSport Entry Form Template - except Trials

Date: