



Tri-County Microd Club

Driver Membership/Registration Form

Drivers Name: _____

Date: _____

Parent(s)/Guardian(s): _____

Address: _____ Home Phone: _____

_____ Cell Phone: _____

_____ Email Address: _____

Driver's Date of Birth*: _____ Class: _____ Car #: _____

*** Will need a copy of Birth Certificate before first race.**

Emergency Contact Information:

Name: _____ Relationship: _____

Home #: _____ Cell #: _____ Work #: _____

Driver has the following health conditions:

Driver takes the following medications:

Driver's shirt size (Check One)

Youth Small

Youth Medium

Adult Small

Adult Large

Youth Large

Adult Medium

Adult X -Large

IMAGE RELEASE: By initialing below, permission is granted for the image of the participant above to be used in/on Tricountymicrod.com, local newspapers and other printed material to promote/publicize Tri-County Microd Club. This agreement is binding and will stay in effect as long as my membership is renewed yearly. Initials of parent/guardian _____

Tri-County Microd Club Code of Conduct

I, the undersigned below, have read, fully understand, and agree to follow and abide by the Tri-County Microd Club Code of Conduct and furthermore I understand the penalties that can be applied to me and/or my entire race group if I fail to abide by these rules. This agreement is binding and will stay in effect as long as my membership is renewed yearly. I understand all meetings and events will be posted on Tri-County Microd website (www.Tricountymicrod.com). I understand insurance membership wrist band must always be worn when in pit area during race events and practices.

Parent/Guardian Witness:

Driver:
