



Tri-County Microd Club

Membership/Insurance Form

Insurance required to enter pit area during race program and practice.

Name of Driver(s) associated with: _____

Name: _____

Home Number: _____

Address: _____

Cell Number: _____

Email Address (optional)

I understand **insurance membership wrist band must be worn at all times** when I am in the designated pit area/racetrack for all race events. I also understand insurance membership wrist band must be worn when I enter race surface for all practices.

I understand it is my responsibility to sign-in at every race for myself and to ensure any minors in my guardianship are signed in as well.

I understand there will be an **additional fee for replacement** insurance membership wrist band.

Signature _____

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 rule. This agreement is binding and will stay in effect as long as my membership is renewed yearly.

Signature:

Date:

Witness:

Date:
