



DRY LAKES RACERS AUSTRALIA INC

# ENTRY FORM

**Dry Lakes Racers  
Australia**

For Official Use Only	Membership
Event Date .....	
Entry Fee Paid \$ .....	

## Driver Details

Surname		Firstname		Middle Initial	
Street		City		Postcode	
Phone		Fax		Mobile	
Signature		Date		Driver Number	

*Parent or Guardians permission if under 18 years old.*

Name: \_\_\_\_\_

Contact Phone No: \_\_\_\_\_

Signature: \_\_\_\_\_

## ALL DRIVERS ARE REQUIRED TO ATTEND DRIVERS MEETINGS

**Eligibility:** All owners and drivers must be financial members of the DLRA. Owners / drivers under 18 years of age must have notarized consent from a Parent or Guardian.

**Important:** You are not officially entered until this entry form has been completed and returned to the DLRA office and recorded by the Speed Trials officials.

**Notice:** Call 0435 213 785 for advanced weather information.

**Race Entry Fee:** \$250 Will only be refunded if meeting cancelled due to adverse weather conditions \$150 for additional drivers, same vehicle. \$ .....

Lost Log Book Replacement. \$ .....

**Late Entry:** \$100 no refund applicable. \$ .....

## Credit Card Details

Card No. \_\_\_\_\_

Expiry: \_\_\_ / \_\_\_ CVV: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

## Vehicle

Entry Name					
Vehicle Make		Model		Year	
Colour		Class		Class Record	

## Engine

Make		Year		No. of Cylinders	
Displacement		Blown/Unblown		Class	

**Please Note:** This event does not run by itself we need volunteers to set up and dismantle. Your team must have workers available from Saturday before race week begins and after close of courses available until all work is finished (Friday evening). Refer to volunteer spreadsheet on website forum.

**Driver Medical Form** (One form required per driver.)

<b>Date of Birth</b>		<b>Ambulance #</b>		<b>Health Insurance</b>	
<b>Doctor</b>		<b>Doc. Phone</b>		<b>Policy #</b>	
<b>Medication</b>		<b>Allergies</b>		<b>Other Drugs</b>	
		<b>Surgeries</b>		<b>Blood Type</b>	
<b>Person(s) to notify in case of emergencies</b>		<b>1.</b>		<b>Ph #</b>	
		<b>2.</b>		<b>Ph #</b>	

**Conditions you have OR have had in the past** (Please check alongside if one or more items apply to you.)

- |                                       |                                       |  |  |  |
|---------------------------------------|---------------------------------------|--|--|--|
| <input type="checkbox"/> Arthritis    | <input type="checkbox"/> Drinker      | <input type="checkbox"/> Head Injury     | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Shortness of Breath   |
| <input type="checkbox"/> Asthma       | <input type="checkbox"/> Ear Problems | <input type="checkbox"/> Hearing Loss    | <input type="checkbox"/> Hives               | <input type="checkbox"/> Sinus Trouble         |
| <input type="checkbox"/> Back trouble | <input type="checkbox"/> Emphysema    | <input type="checkbox"/> Heart Trouble   | <input type="checkbox"/> Jaundice            | <input type="checkbox"/> Smoker                |
| <input type="checkbox"/> Broken Bones | <input type="checkbox"/> Epilepsy     | <input type="checkbox"/> Hemophilia      | <input type="checkbox"/> Kidney Disease      | <input type="checkbox"/> Stomach Trouble       |
| <input type="checkbox"/> Cancer       | <input type="checkbox"/> Eye Problems | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Nervous Trouble     | <input type="checkbox"/> Stroke                |
| <input type="checkbox"/> Chest Pain   | <input type="checkbox"/> Gall Bladder | <input type="checkbox"/> Rheumatism      | <input type="checkbox"/> Paralysis           | <input type="checkbox"/> Tuberculosis          |
| <input type="checkbox"/> Diabetes     | <input type="checkbox"/> Goiter       | <input type="checkbox"/> Hemorrhoids     | <input type="checkbox"/> Polio               | <input type="checkbox"/> Tumor, Cyst or Growth |
| <input type="checkbox"/> Diphtheria   | <input type="checkbox"/> Hay Fever    | <input type="checkbox"/> Hepatitis       | <input type="checkbox"/> Respiratory Problem | <input type="checkbox"/> Ulcer                 |

<p><b>Emergency Authorization:</b> In the case of an emergency wherein I am incapable of giving consent due to illness or injury. I hereby authorize any qualified person to administer first aid and/or any other necessary treatment. I understand it is compulsory for me to have Ambulance Insurance in some form or I accept full responsibility for the cost of an ambulance.</p>	Signed: _____
<p><b>Emergency Surgical Authorization:</b> In the case of an emergency wherein I am incapable of giving consent due to illness or injury, I hereby authorize any licenced surgeon and his choice of anesthetist to perform surgery, if necessary. The need for surgery must be agreed upon by two (2) physicians qualified to make such a judgement.</p>	Signed: _____
<p><b>Donor Authorization:</b> In the hope that it may help others. I hereby make this anatomical gift, if medically acceptable, to take effect upon my death. The words and marks below indicate my desires to give (a) Any organs or parts. (b) Only the following organs or parts.                  Specify the organs or parts: _____</p>	Signed: _____ Witnessed: _____

**Disclaimer**

Motor racing is dangerous and neither the Dry Lakes Racers Australia, the proprietors of Mt. Ive Station, the Government of South Australia, nor any promoter or conveyor of this or other meetings will be held responsible and the competitor whose signature appears below hereby agrees to make no claim whatsoever against Dry Lakes Racers Australia Inc., Promoters or conveyors for any damage, injury or loss arising out of or in connection with any activity convened by Dry Lakes Racers Australia Inc.

Signed: \_\_\_\_\_

**Release**

I, the undersigned in consideration of the timing, track, accommodation and other facilities, waive any and all legal liability and/or course of action that I may now have or hereafter acquire against the Dry Lakes Racers Australia, or any of its members or anyone employed or acting as timers, judges or in any other capacity in conducting such races and/or timing event at Lake Gairdner or any other place.

Signed: \_\_\_\_\_

**DRY LAKES RACERS AUSTRALIA INC.**

PO Box 349 Castlemaine VIC 3450

Phone: 03 5472 4629 or 03 5472 4370

URL: <http://www.dlra.org.au>

General information email: [drylakesracersau@hotmail.com](mailto:drylakesracersau@hotmail.com)

Entries & Credit Card email: [carol@castlemaine.net](mailto:carol@castlemaine.net)