

SKRA MEMBERSHIP APPLICATION
2019 (January 1st – December 31st)

Membership Plans

Single Member \$120 – With Volunteer Agreement \$ _____
Single Member \$190 \$ _____
Family Membership¹ \$145 – With Volunteer Agreement \$ _____
Family Membership¹ \$225 \$ _____
Team Membership² \$125 first member (\$25 per additional driver) – With Volunteer Agreement \$ _____
Team Membership² \$200 first member (\$25 per additional driver) \$ _____

¹ Family Membership no longer have to be under the same household

² Team Membership – Karts must be owned by team owner – This plan must be approved by SKRA Board

Volunteer Agreement

Must sign up and attend 6 Work Days + Gold Cup – or 9 work days (non Gold Cup years) – See SKRA Website for more on the volunteer agreement.

A. CONTACT INFORMATION:

NAME _____ ADDRESS _____
CITY/STATE _____ ZIP CODE _____-_____
EMAIL _____
PHONE # () _____ - _____ WORK PHONE # () _____ - _____ HOME or CELL

B. DRIVERS (list all family members who will be drivers):

NAME _____ DATE OF BIRTH ____/____/____ (Attach Copy of Birth Cert. for minors under the age of 18)
KART # DESIRED (if available): (1st) _____ (2nd) _____ CLASS _____
NAME _____ DATE OF BIRTH ____/____/____ (Attach Copy of Birth Cert. for minors under the age of 18)
KART # DESIRED (if available): (1st) _____ (2nd) _____ CLASS _____
NAME _____ DATE OF BIRTH ____/____/____ (Attach Copy of Birth Cert. for minors under the age of 18)
KART # DESIRED (if available): (1st) _____ (2nd) _____ CLASS _____

C. FAMILY MEMBERS JOINING SKRA (non drivers):

NAME _____ DATE OF BIRTH ____/____/____ RELATIONSHIP _____
NAME _____ DATE OF BIRTH ____/____/____ RELATIONSHIP _____
NAME _____ DATE OF BIRTH ____/____/____ RELATIONSHIP _____

THE FOLLOWING MUST BE FILLED OUT FOR APPLICANTS UNDER 18 YEARS OF AGE

I, undersigned, do hereby state that _____ Age(s) _____ is in apparent good health and physically able to participate in the strenuous activities of kart racing at sea level and altitudes up to 7000 feet with such activities further stressed by exposure to conditions of humidity and temperatures. Further, it is also stated that the above-named minor is not subject to fainting, loss of balance, loss of muscular coordination, and in general free of other physical ailments that could be aggravated by the stress of driving in kart competition events thereby placing himself, competitors, spectators, and others in attendance in jeopardy of injury. Further, pursuant to the best interests of the above-named minor, competitors, spectators, and other attendants at kart competition events, there is no intent to conceal a possible condition when such revelation would be ample cause for SKRA to withhold the issuing of membership, or in any way ratify the participation of said minor in karting events sanctioned by SKRA.

Applicant Signature

All information contained in this application for membership is true and correct. Applicant understands that motor racing can result in personal injury or death. Applicant accepts these risks associated with this form of motor competition and by signing this application, agrees not to sue or hold liable Spokane Kart Racing Association, NW Gold Cup, TAG Racing International, its owners, board members, officials, staff, sponsors, promoters, or lessees.

Signature of Applicant _____ Date _____
If applicant is a minor under 18 years of age, a Minor's Release Must Be Signed and a Photocopy of the Minors certified birth certificate must be submitted with this application to remain on file.

Signature of Parent or guardian _____ Date _____