

## **Tri- State Kart Club Age Waiver**

## **Master Member Information:**

Name:	<u> </u>	Membership #	
Addres	s:		
City:	Sta	ate:Zip Code:	
Phone	#:	_	
<u>Drive</u>	r's Information:		
Child's	s Name:		
	of Birth: Age: ont Racing Class:		
How Many Seasons in current class:			
Class you are looking to waiver into:			
Date:_	ure of Parent/Guardian: rements for Age Waiver:		
1.	The driver must be within 1 year of eligibility	y for that class.	
2.	The driver must have at least 1 year in the previous class.		
3.	The Race Director must sign off on this sheet, prior to the driver racing that class.		
4.	There is a 3 race probationary period (subject to extension) in the new class.		
5.	You must submit a copy of the driver's birth certificate with this form.		
6.	You must submit this waiver to any E-Board	d Member.	
Officer	·:	_ Date Received:	
	Please circle: Approve Requ	uest or Deny Request	
	Race Director:	Date:	_