



PPKC Club Membership Application

DRIVER MEMBER (PLEASE PRINT CLEARLY)

NAME: _____

PARENT / GUARDIAN NAMES: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

RES. PHONE: _____ CELL PHONE: _____

E MAIL: _____ BIRTH DATE: Y _____ M _____ D _____

HEALTH CARD NUMBER: _____

CLASS ENTERED: (1) _____ (2) _____

(1)KART NO: (1ST Choice) _____ (2nd Choice) _____ (3rd Choice) _____

(2)KART NO: (1ST Choice) _____ (2nd Choice) _____ (3rd Choice) _____

TODAY'S DATE: Y _____ M _____ D _____ TOTAL FEES: _____

AGREEMENT:

If accepted as a member by the Point Pelee Karting Club. I (including my immediate family, Father, Mother, Son Daughter Sister Etc., crew friends) agree to abide by ALL the rules of the organization.

Also, in consideration of your acceptance of this application, I hereby for myself, my heirs, executors, and administrators, release and forever discharge the Point Pelee Karting Club and Point Pelee Karting or persons with Karting Promotions, of any injuries during my participation

SIGNATURE OF DRIVER MEMBER:

(IF YOU ARE UNDER 18 YEARS OF AGE, POINT PELEE KARTING CLUB REQUIRES A SIGNATURE OF A PARENT OR GAURDIAN)

SIGNATURE OF PARENT OR GAURDIAN:

PLEASE NOTE: THIS FORM IS ONLY AN APPLICATION. MEMBERSHIP PRIVILEDGES ARE NOT GUARANTEED. POINT PELEE KARTING RESERVES THE RIGHT TO TERMINATE OR REFUSE ANY MEMBERSHIP AND / OR REFUSE ANY APPLICATION.

FOR OFFICE USE ONLY:

MEMBERSHIP APPROVED: _____ MEMBERSHIP NO. _____