



2010 LOS ANGELES KART CLUB MEMBERSHIP APPLICATION



(Membership valid from January through December 2010)

Membership Fees: LAKC membership must be by a person 18 years of age or older. All drivers that are minors (under the age of 18) must be signed up as a family member by a parent or legal guardian who is a Club Member and submit an IKF Minor Release Form (Waiver of Liability). Only minors age 5 or older need to sign up as a family member.

Please Note all Rotax drivers can complete and submit an RMax Membership Application in addition to this application when it becomes available and LAKC will pay this if you join by the February race and you declare LAKC as your qualifying R-Max Challenge series.

Club Membership \$65, Family Membership \$25 each

Club Member Information (must be 18 years of age or older):

First Name _____ Last Name _____
Address: _____ City: _____ Zip Code _____
Phone #s Home _____ Work _____ Cell(emergency) _____
Email _____ Birth Date ____/____/____ Age: _____

Check box if you do NOT want a newsletter

Family Membership Information*(drivers must be at least 5 years of age, only one club newsletter will be sent per address):

Do family members have same address as Club Member? Yes ___ ("skip to name info) No ___

Address: _____ City: _____ Zip Code _____
Name _____ Birth Date ____/____/____ Age: _____
Name _____ Birth Date ____/____/____ Age: _____
Name _____ Birth Date ____/____/____ Age: _____

*If under the age of 18, (A New Minor release form must be completed and submitted at the start of each race season.)
(Kid Kart, Cadet and all Junior drivers must have proof of age document available at their first race event.)

Father's Signature _____ Date ____/____/____ **Mother's Signature** _____ Date ____/____/____
(Signature required if driver is under age 18) (Signature required if driver is under age 18)

Guardian Signature _____ Date ____/____/____
(Signature required if driver is under age 18)

Signature(s) recorded above agrees to abide by the bylaws and rules of the Los Angeles Kart Club, the International Kart Federation (IKF), CalSpeed Kart Track and Auto Club Speedway.

1st Class: _____ Driver #1: _____

Kart Number: 1st choice _____ 2nd choice _____

2nd Class: _____ Driver #2: _____

Kart Number: 1st choice _____ 2nd choice _____

3rd Class: _____ Driver #3: _____

Kart Number: 1st choice _____ 2nd choice _____

(See www.lakc.org for correct race class name.)

Club Member signature _____ Date ____/____/____

Signing this application confirms that you will abide by all LAKC, IKF and CalSpeed rules. LAKC rules can be downloaded at www.lakc.org or picked up at the scales. IKF rules can be viewed at www.ikfkarting.com

Make checks payable to **LAKC**. Complete application and mail check to:

Chris LaTorre
23123 Wildwood Rd.
Newhall, CA 91321

(Office Use Only)
Membership approved by: _____ Date approved: _____
Membership Card Number: _____ Card Issue Date: _____
Amounts paid to LAKC are not deductible as charitable contributions for federal or state income tax purposes.