



# I.K.F. Regular Membership Application AND/OR KARTER NEWS SUBSCRIPTION

International Kart Federation 1609 South Grove Avenue, Suite 105, Ontario, CA 91761 Tel: (909) 923-4999 Fax: (909) 923-6940

- New Membership
- Renewal, Last I.K.F. Card #: \_\_\_\_\_

- Regular Membership \$50.00/1 Year
- Outside N.A. Continent \$50.00/1 Year
- Subscription Only \$40.00/1 Year
- Airmail Additional \$40.00/1 Year

**All payments must be in U.S. funds.** Includes Membership Card, Patch, Decal, and Rule Book, plus twelve month subscription to *Karter News*.

Check if you would like an I.K.F. patch.

<b>Office Use Only</b>
Paid: _____
Check#: _____
Club: _____

**All National Members must be 18 years of age or older.** Those under 18 must be a Family Member to their parent or legal guardian.

National Member's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ Jacket Size: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone:( ) \_\_\_\_\_ Wk:( ) \_\_\_\_\_ Fax:( ) \_\_\_\_\_

Occupation: \_\_\_\_\_ Do you have Health Insurance?: Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Health Insurance Company: \_\_\_\_\_

<b>Please indicate your I.K.F. participation:</b>
<input type="checkbox"/> Sprint
<input type="checkbox"/> Speedway
<input type="checkbox"/> Road Race/Enduro
<input type="checkbox"/> Shifter (plus \$10 annual fee)
<input type="checkbox"/> Speedway Midget
<input type="checkbox"/> TaG License (plus \$10 annual fee)

**FAMILY MEMBERSHIP (\$10.00 EACH):** Family Members must be at least 5 years of age or older. Family Members are a National Member's spouse and/or children under the age of 18.

**Note:** Family members cannot vote and do not receive Karter News.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Jacket Size: \_\_\_\_\_

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Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Jacket Size: \_\_\_\_\_

### ROAD RACE (ENDURO) LICENSE APPLICATION

**A Road Racing license may be used to participate in any I.K.F. event (Sprint, Speedway, etc.)**

All applicants must be 13 years of age during the calendar year. (If you hold a WKA or KART Road Racing license, please enclose a photocopy of it.)

Name of License Applicant: \_\_\_\_\_

Name of License Applicant: \_\_\_\_\_

**All checks should be made payable to I.K.F - please do not send cash. Total Amount Paid: \$ \_\_\_\_\_**

**AGREEMENT:** (MUST BE DATED AND SIGNED) If accepted as a member by the International Kart Federation, I, (and including my immediate family, son, daughter, brother, sister, father, mother) agree to abide by the by-laws and regulations of the organization. I understand that all official publications of the I.K.F. will be sent to me as published during my membership. I represent that all statements made on this application are true to the best of my knowledge.

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

Charge Card  
Bill my charge card:  VISA  MasterCard

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Card Owner's Name: \_\_\_\_\_ Card Owner's Signature: \_\_\_\_\_

**AUTOMATIC MEMBERSHIP RENEWAL CONSENT FOR CREDIT CARD APPLICANTS ONLY** (MUST BE DATED AND SIGNED) I hereby authorize the IKF to charge my credit card account stated on this Membership Application for renewal of said applicants on this form. A renewal notice will be sent by the IKF approximately 30 days prior to my membership expiration and charge date. I agree that any attached Parental Consent Form(s) for any minor Family Member(s) will be valid for 2 years. Membership will not be renewed if credit card is denied.

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

### PARENT'S STATEMENT OF HEALTH FOR PERSONS UNDER THE AGE OF 18 - (ALL MINORS MUST COMPLETE A MINORS RELEASE FORM AND SUBMIT IT WITH THIS APPLICATION.

I, the undersigned, do hereby state that

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

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

is in apparent good health and physically able to participate in the strenuous activities of karting at sea level and at the altitudes up to 7,000 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 is free of other physical ailments that could be aggravated by the stress of driving kart competition events and 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 others in attendance at kart competition events, there is no intent to conceal a possible physical condition when such revelation would be ample cause for the International Kart Federation to withhold the issuing of membership, license, permit, or in any way ratify the participation of said minor in karting events sanctioned by the Federation.

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### DATE OF LAST PHYSICAL EXAMINATION FOR PERSONS UNDER AGE 18

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

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

(Doctor's signature not necessary)

ALL CLAIMS OR DISPUTES AGAINST I.K.F., ITS DIRECTORS, OFFICERS, OR EMPLOYEES, ARISING OUT OF THIS MEMBERSHIP OR I.K.F. SPONSORED EVENTS IS SUBJECT TO BINDING ARBITRATION, UNLESS THE PARTIES MUTUALLY AGREE OTHERWISE IN WRITING. THE ARBITRATION SHALL BE HELD IN ONTARIO, CALIFORNIA OR OTHER MUTUALLY AGREED UPON VENUE. THE ARBITRATION SHALL BE CONDUCTED BY AN AGREED UPON ARBITRATOR, AND DECIDED IN ACCORDANCE WITH THE LAW OF THE STATE OF CALIFORNIA OR CCP § 1280 ET SEQ., OR SUCH OTHER LATER ENACTMENT. THE PREVAILING PARTY IN ANY ARBITRATION ACTION SHALL BE AWARDED REASONABLE COSTS AND EXPENSES, INCLUDING EXPERT WITNESS FEES AND ATTORNEY FEES.