

Southern Interior Karting Association



MEMBERSHIP APPLICATION

Name: _____ Telephone: _____

Address: _____ Work: _____

City: _____ Fax: _____

Postal: _____ Cel: _____

E-mail: _____

Sponsoring Member: _____ Phone: _____

I HEREBY MAKE APPLICATION for membership in the exclusive and private organization known as the Southern Interior Karting Association (the Club). I understand that the Club is affiliated as a member and director of the British Columbia Kart Club Association (Provincial), which in turn is affiliated with the Canadian sanctioning body known as ASN Canada FIA (National).

I UNDERSTAND that, due to the dangerous nature of motorsport, certain discriminating rules, regulations, policies and club bylaws are necessary, by which I agree to be bound. Further, I have read and understand all three sets of rules and regulations (The Club rules which take precedence over the Provincial rules which take precedence over the National rules).

I UNDERSTAND that I am being provided with an accommodation, service or facility that is **not** customarily available to the public and therefore waive all rights to any judicial tribunal for any decision made by the Club, Provincial or National organizations.

I HAVE READ, UNDERSTAND AND AGREE to be bound by the above mentioned conditions of private membership. My annual dues are to be paid and kept current to avoid having my membership declared null and void.

Enclosed is my membership fee of \$1.00 (Refundable if not approved).
Membership is single with privileges extended to immediate family defined as non-racing spouse and sons/daughters less than 19 years of age.

Applicants Signature

Date

Office Use:

Membership Committee: Approved _____

Not Approved _____

Committee member signature

Committee member signature



Southern Interior Karting Association Annual Dues Form

4631 Parkridge Drive, Kelowna BC, V1W-3A9

Tel: 250-764-0035

Internet: www.sikaracing.com

Annual dues and member statistics form.

Membership card # _____

Year of submission _____

All members must be 8 years of age or older, or turn 8 in their first year of membership.

Please print form clearly.

Members Name: _____ Age: _____ Birthdate: _____

Address: _____

City: _____ Province: _____ Postal Code: _____ - _____

Home Phone: (____) _____ Business Phone: (____) _____

E-Mail Address: _____

Dues for a voting member over 16 years of age is \$50.00. Family member dues are \$5.00 each if residing at same address. (Family Members Cannot Vote)

Family Members

Name: _____ Age: _____ Birthdate: _____

Name: _____ Age: _____ Birthdate: _____

Name: _____ Age: _____ Birthdate: _____

Please indicate the club activity you will be interested in.

Racer Corner Worker Registration Race Director Tech Inspection

Scales Timing & Scoring Crowd Control Other. Please Specify: _____

INDEMNIFICATION OF OFFICERS, COMMITTEES AND MEMBERS

I UNDERSTAND AND AGREE that no officer, committee member or general member of the SOUTHERN INTERIOR KARTING ASSOCIATION, herein after referred to as SIKA, shall be personally liable for any of its debts, obligations and/or acts.

I UNDERSTAND AND AGREE that each member and officer of the club, whether or not then in office, including their heirs, executors and/or administrators, shall be and is hereby indemnified by the club against any and all costs and expense, including but not limited to counsel fees reasonably incurred by or imposed upon them in connection with or resulting from such action, suit or proceeding, to which they may be made a party by reason of their being, or having been, a member or officer of the club, including costs and expenses paid in connection with the settlement or compromise of any such action, suit or proceeding, provided that nothing contained herein shall protect, or be deemed bad faith, gross negligence, or reckless disregard of the duties involved in the conduct of their officers.

I UNDERSTAND the foregoing right of indemnification shall not be exclusive of the rights to which any member or officer of this club may be entitled as a matter of law.

I UNDERSTAND that kart racing is a hazardous sport and **AGREE** to assume all risks involved in connection with participation in karting events. Further, **I UNDERSTAND** that I am fully and solely responsible for arranging for medical insurance or any other form of insurance, as the SIKA does not provide or arrange for any kind of insurance for me.

I AGREE to relieve the SIKA, its members, officers, agents, servants and those officiating in the karting events of all liability for losses or damages of all and every description, including but not limited to, any injury (including loss of life), and the loss of or damage to my personal property however caused, including negligence of the SIKA or any of its members, officers or agents.

I HAVE READ, UNDERSTAND AND AGREE to abide by the rules, regulations, policies, by-laws, operating procedures and the decisions of the club.

Date: _____

Signature: _____

Make cheques payable to: Southern Interior Karting Association.

Amount Paid: \$ _____

Our E-Mail Address is: stellag1@shaw.ca

General meetings are held on the 4th Tuesday of each month at 7:30P.M. at Kelowna Flightcraft