



## 2010 GLPS Membership Application

Great Lakes Pro Series, 2811 S. Rangeline Road, Anderson, IN 46017-1926 Tel 765 643-2752 Fax 765 642-0467

For 2010, Rotax participants requesting to use GLPS races for RMAX qualifying events must also belong to USRKC.

### GLPS Memberships Valid Feb 1 thru 1-31

**Individual Membership \$ 60.00** \_\_\_ **Family Membership \$80.00** \_\_\_ **Patron (non-racer) \$ 25.00** \_\_\_ **Total \$** \_\_\_

*(Family memberships include racers living under the same roof)*

PLEASE PRINT CLEARLY, FILL IN ALL APPLICABLE LINES (FAMILY MEMBERSHIPS, PLEASE LIST DRIVERS)

Name (last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_

Name (last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_

Address \_\_\_\_\_ Hm Tel \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Mobile Tel \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Birthdate Mo/Day/Yr \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Day Tel \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email Address : \_\_\_\_\_ Transponder No. \_\_\_\_\_

Race number requested 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ Shirt / Jacket Size Kids/Adult S M L XL circle

Class: check appropriate class

\_\_\_ 125 Shifter Pro 15-up \_\_\_ 125 Master Pro 35-up \_\_\_ 125 Stock Moto 14-up \_\_\_ 125/80/85 Jr Shifter  
 \_\_\_ TaG Senior 15-up \_\_\_ TaG Master 35 up \_\_\_ TaG Junior 12-15 \_\_\_ TaG Cadet 8-12  
 \_\_\_ Rotax Senior 16-up \_\_\_ Rotax Master 16-up \* (See Rotax Rules) \_\_\_ Rotax Junior 13-15  
 \_\_\_ Rotax Mini-Max 9-12 \_\_\_ Rotax DD2 15-up \_\_\_ Rotax Micro-Max 7-10

**By signing below, I accept the valuable benefits of membership as good, valid and adequate consideration. As a GLPS Member, I will receive a series membership card, decals, patch and GLPS rulebook. I also acknowledge the rules and regulations and understand the spirit and intent of the rules of the organization.**

Signature of Applicant: \_\_\_\_\_ Age \_\_\_\_\_ Date Signed: \_\_\_\_\_

If applicant is 17 years of age and under, the parent or legal guardian must acknowledge the same as above by signing

Parent / Guardian: Print and sign your name: \_\_\_\_\_ Age \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_ Home Tel: \_\_\_\_\_ - \_\_\_\_\_ Work Tel \_\_\_\_\_ - \_\_\_\_\_

Checks to be made payable to: Great Lakes Pro Series, Please complete this application, mail, email or by fax return to the above address or attach and email to: [terry@glproseries.com](mailto:terry@glproseries.com)

Payment of membership by (check one): Cash \_\_\_ , check \_\_\_ , Check No. \_\_\_\_\_ Credit Card: VISA or MasterCard Only

Print Name clearly as printed on Credit Card \_\_\_\_\_ Credit Card No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp \_\_\_\_\_ - \_\_\_\_\_

Card Holders Signature \_\_\_\_\_ Date Signed \_\_\_\_\_ 3-digit code on back \_\_\_\_\_ Zip Code \_\_\_\_\_

# GREAT LAKES PRO SERIES

## Shifter – TaG – Rotax Racing

### Terms, Understanding, General Conditions and Members Acknowledgement

#### Understanding of your Payment to Great Lakes Pro Series:

This form is considered complete and accurate upon your signature affixed on reverse. Do not sign this application until you have read the Terms and Conditions below. Please enclose payment by check, money order or credit card. All fees are stated in US dollars and shall be payable in same to Great Lakes Pro Series.

#### Terms of membership with Great Lakes Pro Series:

By my signature on the reverse, I understand the Terms and Conditions of this agreement and request that the GLPS issue a membership card or other credentials as described herein for the purpose of attending any GLPS event(s). I understand that motor racing can result in serious injury or death. Term of this membership will be for 12 months, renewing annually, from Feb 1, to Jan 31 each year.

#### Right to refuse any membership and / or entry:

Great Lakes Pro Series, its owners and staff reserve the right to refuse any membership application or any racing entry..

#### Additional Participant Understanding and release / Minor Signature / Parent / Guardians:

As a competitor, or parent or guardian of a minor applicant, I understand and accept the risks associated with this form of motor sports competition and by signing this application, I agree not to sue GLPS its owners Terry & Shirley Riggins, Riggins' Motorsports Group, its heirs, officials, staff, sponsors, promoters, and other racer or non-racer participants. I additionally acknowledge by initialing here, \_\_\_\_\_, that I understand this, and acknowledge not to sue any of the other promoters, and city and town board and municipalities, property owners associated with any GLPS events. My acknowledgement for the above is per my signature below, and again here: \_\_\_\_\_.

#### General Conditions:

All membership cards and credentials are the property of the issuer, GLPS, and are issued to the applicant upon completion of application and acceptance by GLPS. The applicant of said membership or credential accepts same under these terms and conditions and, by his/her signature on this application, states that all information is true and accurate. Authorized applicant of membership or credential understands that participation in any GLPS event, or part thereof, is contingent upon presentation of GLPS membership or credential. Inability to present membership card or credentials to GLPS officials may disqualify customer from any event. All members of GLPS are required to possess working knowledge of current year GLPS rulebook and ignorance thereof shall not be deemed justification for any act of condition contrary to said rulebook. Conduct of any driver and/or driver's crew deemed unacceptable by GLPS will result in a demand for surrender of license or credentials and disqualification from event. Unacceptable conduct includes, but is not limited to, personal acts or appearance not conducive to professional racing, rules infractions or drive style considered to place him or herself, and others, at risk. Issuance of all new Membership cards. and competition Licenses is considered, at the outset, provisional. Drivers with previous driving experience of Shifter, TaG & Rotax specific experience are excluded from provisional status unless otherwise specifically indicated. Waiving of provisional status for any new customer is at the sole discretion of GLPS or designated pier group. Provisional licenses are insensitive to stated levels of previous experience.

This form will be considered complete and accurate upon having your signature affixed on reverse. Do not sign this application until you have read the Terms and Conditions below. Please enclose payment by check, money order or credit card. All fees are stated in US dollars and shall be payable to Great Lakes Pro Series.

Applicant's/ Member's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Signature of Parent / Guardian \_\_\_\_\_ Relationship to Minor \_\_\_\_\_ Date Signed \_\_\_\_\_

Witness: \_\_\_\_\_ (non-family relation) Dated \_\_\_\_\_

Submit completed form and payment to:

Great Lakes Pro Series 2811 S. Rangeline Road, Anderson, IN 46017 Tel 765 643-2752 Fax 765 642-0467

**GREAT LAKES PRO SERIES**  
**Shifter – TaG – Rotax Racing**

**DRIVERS MEDICAL INFORMATION PROFILE FORM**

(DUE TO PRIVACY LAWS, THIS FORM WILL BE KEPT IN SAFEGUARDED PLACE TO BE USED ONLY IN A MEDICAL EMERGENCY)

1. Name (last, first, MI) \_\_\_\_\_ Date of Birth (Mo-Day-Yr) \_\_\_\_-\_\_\_\_-\_\_\_\_
2. Street Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_
3. Emergency Contact Name 1. \_\_\_\_\_ Relationship \_\_\_\_\_ Tel \_\_\_\_-\_\_\_\_-\_\_\_\_
4. Emergency Contact Name 2. \_\_\_\_\_ Relationship \_\_\_\_\_ Tel \_\_\_\_-\_\_\_\_-\_\_\_\_
5. Home Tel No. ( \_\_\_\_-\_\_\_\_-\_\_\_\_ ) Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

**PERSONAL MEDICAL INFORMATION:**

6. Any CURRENT MEDICATIONS? \_\_\_\_\_  
\_\_\_\_\_
7. Blood Type \_\_\_\_\_ Neg / Pos
8. Are you Epileptic \_\_\_\_\_ Asthmatic \_\_\_\_\_ Diabetic \_\_\_\_\_
9. Do you have any history of heart problems? \_\_\_\_\_ High blood Pressure? \_\_\_\_\_  
\_\_\_\_\_
10. Do you have any medical conditions you have or are being treated for \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Have you had a concussion, head injury or unconscious incident within the past 12 months? \_\_\_\_\_  
\_\_\_\_\_
12. Anything else the series or the EMT's at the track should be made aware of with your participating with us?  
\_\_\_\_\_  
\_\_\_\_\_