



Indoor Karting Youth League 2009 – 2010 Season

Driver Information

Driver's Name: _____

Driver's Age: _____ Date of Birth: _____ Home Telephone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Parent / Guardian's Name: _____

Parent's Phone (Other than home): _____

E-mail: _____

Driver's T-shirt Size: Youth Sizes – Sm / Med / Lg or Adult Sizes – XS / Sm / Med

Liability Waiver

I, _____, have read and understand the Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement. I further acknowledge that go-kart racing is inherently dangerous and I fully assume all risk for the above named driver.

Signature: _____

Date: _____

If you are new to RAPS, please complete the following section.

Have you ever driven a go-kart before? Yes No
If yes, describe prior experience. _____

Have you ever competed in a racing league before? Yes No
If yes, describe prior experience. _____

Have you completed the RAPS Youth Prep Course? Yes No
If no, have you registered for a class? Yes No Date of Class? _____

Are you a fan of motor sports? Yes No
If yes, what kind of motor sports do you typically watch? _____

