



Race/Practice Policies and Procedures

In reviewing and reading the **Race/Practice Policies and Procedures** as a participant of the 2010 SCminiGP Championship Race Series, I understand that all riders must agree to the terms set forth and acknowledge this agreement. Riders are encouraged to consult with staff for any questions about policies or procedures.

I _____, have read and understand the rules in this document and agree to follow them to the best of my ability.

Racers signature Date: _____

Parent or guardian signature Date: _____

----- Official Use Only -----

Staff Member signature Date: _____



Racing License Agreement

In consideration for granting to me a Competition License by YRR SOCAL LLC and in consideration for the promotion and operation of road race events by YRR SOCAL LLC; and in consideration of the granting of permission to enter, use, and remain on the track facilities and/or premises at which these events take place by the owners and/or representatives thereof, I hereby, for myself, my heirs, personal representatives and assigns, release, discharge and agree to hold blameless and indemnify YRR SOCAL LLC, it's owners and representatives of the aforesaid track facilities and/or premises, as well as directors, officers, agents, employees, sponsors and/or members of all of them and from any liability, loss, claims, demands and possible causes of action that may otherwise accrue from any loss, damage or injury (including death) to my person or property, in any way resulting from, or arising in connection with or related to any event, and whether arising, while engaged in competition or in practice or preparation thereof, while upon, entering or departing from said track facilities and/or premises, from any cause whatsoever including, without limitation, the failure of anyone to enforce rules and regulations, failure to make inspections, or the negligence of other persons.

I understand that motorcycle racing competition can constitute a hazardous activity and that, by reason of my application for a YRR SOCAL LLC Road Race Competition License and/or my participation in or presence at any competition event, I am assuming all hazardous and risks related thereto. I agree that YRR SOCAL LLC may use my name and pictures, including pictures of my racing equipment and pictures taken at any event, for the purpose of publication or the media. I agree to abide by the YRR SOCAL LLC Competition Rules and Regulations and to respect the authority of the YRR SOCAL LLC Race Officials and personnel at all events I have read this application in its entirety and stipulate, under the penalty of perjury, that all statistical information set forth herein by me is true and complete.

I _____ HEREBY CONFIRM, CONSENT, AND AGREE TO THE FOREGOING.

Signature: _____

Date: ____ / ____ / ____



Waiver & Release of Liability

I am aware that motorcycle racing is a hazardous activity and I voluntarily agree to accept any and all risks of injury or death which may occur while I am watching or participating in any motorcycle activity, even if such injury or death is caused by the active or passive of others. In considerations of joining YRR SOCAL LLC and being allowed on the real property and of being permitted to compete, officiate, work, or enter, for any purpose in a restricted area (A Restricted area is defined as including, but not limited to, the racing surface, pit area, infield, approach area, and all grandstands, buildings, viewing areas, walkways, concessions or other areas appurtenant to any area where any activity related to the events shall take place), I hereby agree to the following conditions.

1. I HEREBY AGREE FOR MYSELF, MY PERSONAL REPRESENTATIVES, HEIRS, AND NEXT OF KIN, TO RELEASE AND WAIVE LIABILITY AND COVENANT NOT TO USE OR PROSECUTE ANY LEGAL ACTION AGAINST THE RELEASEES (THE RELEASEES ARE DEFINED AS THE PROMOTER, PARTICIPANTS, RACING ASSOCIATIONS, SANCTIONING ORGANIZATIONS, TRACK OPERATOR, TRACK OWNER, OFFICIALS, MOTORCYCLE OWNERS, PIT CREWS, SPONSORS, ADVERTISERS, OWNERS AND LESSEES OF THE PREMISES USED TO CONDUCT THE EVENT, ANY OFFICERS OR EMPLOYEES OF THE ABOVE, OR ANY PERSONS IN ANY RESTRICTED AREA).

2. I HEREBY AGREE TO FOLLOW THE RACE TRACK RULES, AND THOSE RULES AND PRACTICES WHICH ARE CUSTOM IN THE MOTORSPORTS RACING INDUSTRY. I ACKNOWLEDGE THAT A COPY OF THIS AGREEMENT WILL BE PROVIDED TO ME IF SO DESIRED.

3. I HEREBY AGREE THAT THE FOREGOING RELEASE AND WAIVER OF LIABILITY AGREEMENT IS INTENDED TO BE AS BROAD AND INCLUSIVE AS PERMITTED BY THE LAW OF THE STATE OF CALIFORNIA AND THAT IF ANY PORTION THEREOF IS HELD INVALID, IT IS FURTHER AGREED THAT THE BALANCE SHALL NOTWITHSTANDING CONTINUE IN FULL LEGAL FORCE AND EFFECT.

It is further understood that this agreement may be used as evidence of my intent to release and waive liability in a court of law. I understand that this means that I cannot sue anyone if I am injured or killed, even if my injury or death is caused by someone's negligence. I have carefully read this agreement and fully understand its content. I am aware that this is a release of liability and a contract between myself and the releases. I voluntarily sign and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

I _____ HEREBY CONFIRM, CONSENT, AND AGREE TO THE FOREGOING.

Signature: _____

Date: ____/____/____



Member Rider or Member Parent/Legal Guardian Code of Conduct Agreement

As a member rider or parent/legal guardian of a member child involved in a program of YRR SOCAL LLC, I agree to abide by and follow the rules and guidelines below.

1. I will promote the emotional and physical well-being of the athletes ahead of any personal desire to win.
2. I will remember that I the rider or my child races with YRR SOCAL LLC for his/her enjoyment.
3. I will encourage good sportsmanship through my actions, by demonstrating positive support for all racers.
4. I will provide support for coaches and officials working with the athletes to provide a positive experience for all.
5. I will demand my athlete treat all racers, race director, officials, parents, and spectators with respect regardless of race, creed, color, sex or ability.
6. I will treat all racers, race director, officials, parents, and spectators with dignity in language, attitude, behavior, and mannerisms.
7. I will inform the race director of any physical disability or ailment that may affect the safety of my racer or the safety of others.
8. I will respect the property and equipment used at any race facility, both home and away.

I agree to participate in this sport under the rules defined for each class I understand that by signing this document I am agreeing to support and promote this RIDER or Parent/Legal Guardian Code of Conduct Agreement. Further, my failure to comply with this Agreement or my participation in any of the defined CONDUCT SUBJECT TO DISCIPLINE will result in disciplinary action, up to and including expulsion from Southern California Mini Gran Prix and its affiliate member associations.

I _____ HEREBY CONFIRM, CONSENT, AND AGREE TO THE FOREGOING.

Signature: _____

Date: _____ / _____ / _____



Medical Information and Treatment Authorization

All YRR SOCAL LLC riders must complete this form. Please notify us if any information changes.

Rider Name _____

Address _____

City/State/Zip _____

Home Phone _____ Alternate Phone _____

Date of Birth _____ Current Age _____

Person to be notified in the event of injury
Name _____
Address _____
City/State/Zip _____
Home Phone _____ Alternate Phone _____
Relationship to rider _____

Medical Insurance Information

Name _____

Address _____

City/State/Zip _____

Policy Number _____ Agent Name _____

Insurance Co. Phone _____ Agent Phone _____

In the event of an emergency, medical information may be released to authorized medical personnel.

Rider Signature _____

Your Doctor

Name _____

Address _____

City/State/Zip _____

Phone _____ Alternate Phone _____

Medications (name/type/dosage)

Do you take aspirin regularly: Yes No

Allergies

Other Information

Date of last Tetanus shot: _____

Do you wear contacts? Yes No

Do you wear dentures? Yes No

Are you diabetic? Yes No

Are you epileptic? Yes No

Orthopedic problems or surgery? Yes No

Other medical conditions _____

EMERGENCY TRANSPORTATION CONSENT and AUTHORIZATION for MEDICAL, HOSPITAL and/or DENTAL SERVICES

The undersigned, on behalf of himself or minor, if applicable, hereby authorizes and consents to being transported by ambulance when deemed necessary by attending medical personnel, any X-Ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care, to be rendered under the general or special supervision and upon the advise of a physician and surgeon licensed under the provisions of the California Medicine Practices Act, and does hereby authorize and consent to any X-Ray, examination, anesthetic, dental or surgical diagnosis or treatment and hospital care, to be rendered by a dentist under the provisions of the California Dental Practices Act.

I HEREBY CONFIRM, CONSENT, AND AGREE TO THE FOREGOING:

Rider Signature Required _____

Date _____

Signature of Parent/Guardian if rider is a minor _____

Date _____



Membership Application

First Name: _____

Last Name: _____

Birth Date: _____

Gender: M or F

Primary Phone Number: _____

Secondary Phone Number: _____

Email Address: _____

Address: _____

City _____

State: CA

Zip _____

Are you a returning Member from 2008?

Yes Or No

Are you of the legal age of 18?

Yes Or No

Choose your Number

If you are racing Pocketbike (limited to 2 digits): _____

If you are racing Minimoto/ Shifter (3 digits or more): _____

What is your Shirt Size?

Child S Child M Child L or Small Medium Large X-Large

What bike(s) will you race? _____

Rider Profile

Rider Age: _____ Rider Weight: _____

Rider Height: _____ Rider Experience: _____

Make Checks Payable to: YRR SOCAL LLC

Mail To:
YRR SOCAL LLC
PO Box 26214
Santa Ana, Ca 92799