



2011 Membership Application

(New Members & Renewals)

Type of Membership (check one) New Members \$225.00 Renewal \$175.00 Crew \$25.00
Make checks payable to HSCRS

Member Info: Please fill out this form completely so we can update our files.

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Home: _____ Office: _____

Mobile: _____ Fax: _____

Email Address: _____

Family Info (Optional):

Spouse: _____ Kids: _____

Other Personal Info:

Occupation: _____ Company Name: _____

Type of Business: _____

Date of Last Medical: _____ Which Organization Issued your Medical? _____

Are you a Member of Other Racing Clubs or Organizations? _____

Current Competition License(s): _____

Hold Harmless Agreement: All competitors and non-competitors that submit an application for membership to HSCRS do so with the full understanding that automobile racing is an inherently dangerous event; does voluntarily assume all risk; and has no claim for damages against HSCRS, it's officers, agents or representatives. Any participation in an event directly affirms that the owner, driver, and mechanics represent the race car as being properly prepared, is in a safe and operable condition, and that the driver is sufficiently experienced and cable of performing in a competitive racing event. All persons connected with members or associates of HSCRS assume full responsibility for any and all injuries sustained, including death and property damage anytime they are in the racing area.

I have read, understand and agree with and will support the Purpose, Philosophy, Objectives, Car Rules, Qualifications, Driver Standards, Rules of Conduct and Driving Attitude of HSCRS _____ (initial)

Signed _____ Date _____

2011 Driver Bio/Car History

Please complete a separate form for each car owned. This information will be used to create your announcer sheet, for the HSCRS website and possible media coverage. Please use a 2nd sheet of paper if needed.

Entrant/Owner Name (if different from Driver) _____

Drivers Name _____

Address _____
Street City State Zip

Drivers DOB _____ Birthplace _____ Height/Weight _____

Driver Occupation _____ Business name _____ Year Started _____

Significant points of Interest about your business _____

Awards, Degrees, Memberships _____

Hobbies _____

Philanthropy, Charity and/or Social Contributions? _____

Any family members involved in racing? _____

Past racing history _____

Races attended and involvement _____

Greatest personal satisfaction gained from your involvement?

Original Driver/Name _____ Car Colors _____

Original Sponsor _____ Original Team _____

What is car best known for? _____

Car's highest finishing position _____ Number of wins _____

Car's career winnings _____ Car's most significant race _____

Significant/Notable History

2011 Car / Motor Statement

Complete a separate form for each car owned. Information will be used to create your announcer sheet, HSCRS website member data and possible media coverage.

Car Owner Name _____

Car Make _____ Model _____ Car Number _____

Car year as presented _____ Chassis Builder _____

Period correct sponsors? _____ Contingency decals? _____

Bumpers year _____ NASCAR? _____ Reproduction? _____

Brakes manufacturer _____ Shocks manufacturer _____

Transmission – make _____ # of Forward gears _____

Rear gear – Detroit Locker? _____ Other? _____ List _____

Wheels – Standard Offset? _____ Other? _____ List _____

Car Weight w/Driver _____ Fuel Cell Date _____ Safety Belts Date _____

Are there any parts, equipment and/or components on this car not in compliance with the NASCAR rules in effect for the year as presented? Yes No

If yes, please explain

Motor size _____ (cubic inches) Compression Ratio _____ Horsepower _____

Cam Type – Flat Tappet? _____ Roller? _____ Torque _____

Carburetor – Make _____ Model _____ Size _____ (cfm)

Motor Builder _____

Address _____

Phone _____ Fax _____

I certify that all information listed in this document is accurate and correct, and that intentional misrepresentation herein may result in probationary or disciplinary actions by HSCRS.



2011 Emergency Medical Info

Driver's Name: _____ Hometown: _____

Local Hotel or Address: _____

Entrant: _____ Race Car #: _____ Race Group: _____

In Emergency Notify: _____

Contact #: _____ Location: _____

I, (driver's name) _____, request that any accidental loss of life benefits which may become payable under the policy upon my death be paid to the following whom I designate as my beneficiary. This beneficiary designation cancels and supersedes all previous beneficiary statements.

(Beneficiary) _____ (Relationship) _____

Signed (Insured eligible person)

Date
