

2024 AMKA Membership Application



Dear Members,

Welcome to the 2024 Racing Season. Local races this year will take place at the Kartbahn track located at the Halifax Exhibition Centre, 200 Prospect Rd, Goodwood, NS, B3T 1P2. Intra club races will take place at East Coast Karting, 74 Babin Road, Greater Lakeburn, NB, E1H 1Y9

The 2024 membership fee will remain unchanged and will be as follows;

- Individual racer - full membership \$75.00
- Associate membership \$25.00
- Subsequent associate membership \$12.50

Race Day Fees for 2024 are \$80.

Registration forms as noted below are to be submitted to treasurer@amka.ca . Payment is via e-transfer to treasurer@amka.ca

Registrations and payment should be submitted no later than May 06, 2023.

All forms are available at www.amka.ca . The registration process includes the following;

- Membership Application
- Parental-Guardian Waiver
- Medical Self-Declaration for all drivers

- A link to the Annual Waiver form will be available on our website under Member Registration. The waiver must be completed by all members of your team. The waiver only has to be completed once for all races taking place at the Kartbahn track this season.

- payment sent by e-transfer to treasurer@amka.ca indicating driver's name.

- ***At least one Associate membership is required to accompany any membership application for a driver under 19 years of age.***
- ***By completing the Membership Application, you agree to respect and abide by all applicable Regulations, Code of Conduct and AMKA Supplementary Regulations as amended from time to time.***



2024 Atlantic Motorsport Karters Association Membership Application

Driver Membership

Driver's Name: _____

Date of Birth: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email Address: _____

Class Entered: Cadet: Junior: Senior: Masters: Sportsman(* new):

* Sportsman class: 0.440" red slide, 6100 coil and 275 lbs, (4) 4.60 tires and either size chassis, aged 10-13 years old

Racing Numbers: For new drivers or those wanting to change numbers, please contact nickerb@halifax.ca for the list of available numbers.

Driver's Signature: _____

Parent / Guardian Signature: _____

Associate Membership

Name: _____

Address: _____

Signature: _____

Subsequent Associate Memberships

Name: _____

Address: _____

Signature: _____

Name: _____

Address: _____

Signature: _____

Name: _____

Address: _____

Signature: _____

Fees:

Individual Driver Full Membership: **\$75.00 X 1 = \$75.00**

Associate Membership: **\$25.00 X 1 = \$25.00**

Each Subsequent Associate Membership: **\$12.50 X number of Subsequent Associates = \$ _____**

Total Due: \$ _____ Date Paid: _____

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT
BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

PLEASE READ CAREFULLY

The Event: All events sanctioned by AMKA and or ARMS _____
Date Release Signed _____

In full or partial consideration for allowing my minor child/ward to participate in all related activities of the EVENT, I hereby warrant and agree that:

1. I am the parent/guardian having full responsibility for decisions regarding my minor child/ward,
Namely _____; and
2. I am familiar with and accept, on behalf of myself and my minor child/ward, that there is a risk of serious injury and death in participation, whether as a competitor, student, official or worker, in all forms of motor sport and in particular in being allowed to enter, for any reason, any restricted area; and
3. I have satisfied myself and believe that my minor child/ward is physically, emotionally and mentally able to participate in this EVENT, and that his/her protective clothing, gear and equipment is fit and appropriate for his/her use in this EVENT; and
4. I understand, and will instruct my minor child/ward, that regardless of his/her role, all applicable rules for participation must be followed and that at all times the sole responsibility for personal safety remains with my minor child/ward; and
5. I will immediately remove my minor child/ward from participation, and notify the nearest official, if at any time I sense or observe any unusual hazard or unsafe condition or if I feel that my minor child/ward has experienced any deterioration in his/her physical, emotional or mental fitness, or that of his/her protective clothing, gear or equipment, for continued safe participation in the EVENT.

I UNDERSTAND AND AGREE, ON BEHALF OF MY MINOR CHILD/WARD, HIS/HER HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN, MYSELF, MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN THAT MY EXECUTION OF THIS DOCUMENT CONSTITUTES:

1. AN UNQUALIFIED ASSUMPTION OF ALL RISKS associated with participation in the EVENT by my minor child/ward even if arising from negligence, including any compounding or aggravation of injuries caused by negligent rescue operations or procedures, of the event organizer, the event venue(s) and of any persons associated therewith or participating therein; and
2. A FULL AND FINAL RELEASE AND WAIVER OF LIABILITY AND ALL CLAIMS that I have or may have in the future have against any person(s), entities, or organization(s) associated in any way with the EVENT including track owners and lessees, promoters, sanctioning bodies, racing associations, or any subdivision thereof, track operators, sponsors, advertisers, vehicle owners and other participants, rescue personnel, event inspectors, underwriters, consultants, and other who give recommendations, directions or instructions, or engage in risk evaluation and loss control activities, regarding the EVENT or event premises, or any one or more of them, and their respective directors, officers, employees, contractors, agents and representatives (all of whom are collectively referred to as "the Releasees") from any and all liability for any loss, damage, injury or expense that my minor child/ward may suffer, or that his/her next of kin may suffer as a result of his/her use of or presence at the event facilities or my child's/ward's participation in any part of, or presence at the EVENT, due to any cause whatsoever, INCLUDING NEGLIGENCE, GROSS NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER THE RELEVANT OCCUPIERS LIABILITY ACT ON THE PART OF THE RELEASEES; and
3. AN AGREEMENT NOT TO SUE THE RELEASEES for any loss, injury, costs or damages of any form or type, howsoever caused or arising, and whether directly or indirectly from the participation of my minor child/ward in any aspect of the EVENT; and
4. AN AGREEMENT TO INDEMNIFY, and to SAVE and HOLD HARMLESS the RELEASEES, and each of them, from any litigation expense, legal fees, liability, damage, award or cost, of any form or type whatsoever, they may incur due to any claim made against them or any one of them whether the claim is based on the negligence or the gross negligence of the Releasees or otherwise.
5. AN AGREEMENT that this document be governed by the laws of the province in which the EVENT occurs.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN SUBSTANTIAL LEGAL RIGHTS WHICH MY MINOR CHILD/WARD, HIS/HER HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS AND I AND/OR MY MINOR CHILD/WARD MAY HAVE AGAINST THE RELEASEES.

I SIGN THIS DOCUMENT VOLUNTARILY AND WITHOUT INDUCEMENT

Signature of Parent or Guardian

Printed name of Parent/Guardian

Signature of Witness

Karting

Medical Self-Declaration for a Competition Licence

The Karting Governing Body reserves the right to request a medical examination by a physician from a licence applicant at any time. Drivers shall not participate in any competition unless they meet, and continue to meet, the medical requirements of the competition licence as stated in the applicable regulations.

All Applicants

At the time of application for a competition licence, drivers shall submit a completed and signed Medical Self Declaration form. If the applicant is under the age of majority in the province of application, the Medical Self Declaration must also be signed by a Parent/Guardian.

Applicants for International grades of Competition Licence

Applicants may be required to pass a medical examination as outlined in the applicable regulations.

Competition Licence Applicant Information

Please PRINT in BLOCK letters

Name:	Age:
Address:	Date of Birth: Year ____ Month ____ Day ____
City:	Occupation:
Province:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Postal Code:	Do you wear glasses or contacts: Yes <input type="checkbox"/> No <input type="checkbox"/>

Conditions

Yes No

Frequent or severe headaches		
Unconsciousness for any reason		
Dizziness or fainting spells		
Epilepsy or Seizures		
Heart Trouble		
Coronary Artery Disease or Angina		
Valve disease		
Left Bundle Brach Block		
Abnormal Cardiac Rhythms		
High Blood Pressure		
Psychiatric/Mental Health Problems		
Operation(s) involving Eyes, Brain, Heart, Nerves, Blood Vessel or Bones		

Conditions

Yes No

Hay fever		
Eye trouble (except glasses)		
Asthma		
Diabetes		
Anemia, or other blood diseases including abnormal bleeding		
Admission to a hospital in the past 12 months		
Amputations / Physical disability		
Previous denial(s) of licence due to a medical reason(s)		
Any drug, narcotic or alcohol problems		
Previous medical exception from ASN		
Illness(s) not mentioned here:		
Date of Last Tetanus shot:		

Any known medical conditions which could affect your ability to compete must be immediately reported to your club.

Comments:

This is to certify that these statements are true and accurate. I also give permission to any hospital, institution, or physician, to furnish any information to the National Karting Governing Body.

Applicant's Signature: _____ Print name _____

Date: _____

Signature of Parent/Guardian if applicant is under the age of majority:

Parent/Guardian Signature: _____ Print name _____

Date: _____