

**LOUDON ROADRACE SERIES & CHAMPIONSHIP CUP SERIES 2009 LICENSE APPLICATION**

*Please print clearly and legibly:*

Social Security #:    -   -     Birth date:   -   -   Age:

Name:

Address:

City:                      State:

Zip:       Home Phone #

Gender: M.  F.  Work Phone #

Do You Have Personal Medical Insurance ? Yes ( ) No ( )

Company name \_\_\_\_\_ Policy # \_\_\_\_\_

E-Mail

I wish to be licensed as a: Novice  Amateur  Expert

Number choices: 1.    2.    3.    My 2008 number was:

I am an experienced racer licensed by: \_\_\_\_\_ Years of experience:

**New applicants must submit a school certificate or proof of previous experience**

I am applying for a license based upon training at a road racing school as described below:

Name of School: \_\_\_\_\_ Date & Track: \_\_\_\_\_

CREDIT CARD INFO: -MASTERCARD -VISA -DISCOVER EXP DATE:   -

CARD NUMBER:

CARD ISSUED TO:

**READ THIS RELEASE**

**RELEASE AND ASSUMPTION OF RISK:** I, hereby release, and agree to hold harmless the Championship Cup Series, ASRA Championship Series, America Sportbike Racing Association L.L.C., HD Promotions, Grand Prix and Production Racers Organization Inc., Loudon Road Race Series, Road Race Southwest Inc., CCS-South, United States Grand Prix Riders Union, TrackAddix Inc., Mid-Atlantic Road Race Club, Midwest Cafe Racing Association, Learning Curves Road Race School, Frank Kinsey Racing School, Penguin Racing School, Team Hammer Advanced Riding School, Visionsports Racing School, Longevity Racing School, the promoters, the owners and lessees of the premises, the participants, and the officers, directors, officials, representatives, agents and employees of all of them, of and from all liability, loss, claims and demands that may accrue from any loss, damage or injury (including death, loss of limbs and permanent disablement) to my person or property, in any way resulting from, or arising in connection with this event, and whether arising while engaged in competition or in practice or preparation therefore, or while upon, entering or departing from said premises, from any cause whatsoever, I know the risk and danger to myself and property while upon said premises or while participating or assisting in this event, so voluntarily and in reliance, upon my own judgment and ability, I thereby assume all risk for loss, damage or injury (including death, loss of limbs and permanent disablement) to myself and my property from any cause whatsoever.

**AGREEMENT:** By my signature below, I hereby agree to the terms of the above release and further agree to abide by the 2008 Championship Cup Series and ASRA Road Race Rules and Regulations and any Special Regulations in all participation with this license. I hereby agree to allow my likeness to be used for promotional purposes by the Championship Cup Series and the ASRA Championship Series without any further compensation to myself. I certify that the above information regarding my age, identity, and experience is true and freely given for the purpose of obtaining a competition license:

**APPLICANT SIGNATURE:** \_\_\_\_\_

**Do not fax this application. Mail to:**

**Loudon RoadRace Series - 7925 W. Riverbend Rd. - Crystal River, FL - 34428**

## LRRS Instructions for 2009

**\*\*\*Please note that checks are now made payable to GPPRO (Gran Prix and Production Racing Org.)\*\*\***

The medical form is mandatory. The sponsor form is optional

Please do not write any notes on the application form. Attach a separate note.

Please print the information in the blank spaces provided. It is important that you print clearly and precisely as most of the errors are not "typo" problems, but the results of our inability to read the forms. Do not abbreviate city names.

Make sure we have complete personal information including name, address, social security number, day and night time phone numbers, e-mail address, birth date, and age. (Applicants under the age of 18 must have a signed notarized release form from their parent or legal guardian on file with CCS / ASRA before a competition license will be issued.) Applicant must be a minimum of 16 years old to apply for an ASRA Pro Series license. Applicant must be a minimum of 12 years old to apply for a Championship Cup Series license and those who are between the ages of 12 and 16 may have their license restricted to use in certain classes.

Applications cannot be processed without a social security number or equivalent. The insurance information is required.

If you are applying for an ASRA Pro license you should download the appropriate license application from the CCS Website. [www.ccsracing.us](http://www.ccsracing.us)

The license fee for 2009 is \$120. After July 1, 2009 the fee is \$85 and after September 1, 2009 the fee is \$55. Make all checks payable to GPPRO.

Your 2008 number is reserved for you until January 15, 2009. After January 15, 2009 requests for new numbers will be handled as follows.

**Single digit** numbers are reserved for past multiple class champions.

**Two digit** numbers (Expert only) will be issued according to the total number of Expert points a rider accumulated in 2008 to riders whose request is post marked prior to January 16, 2009. Applications post marked after January 15 will be issued numbers on a first come first served basis.

After January 15, 2009 all **three digit** requests for new numbers will be issued on a first come first served basis. If you are late in sending in your renewal and your number has been requested by another rider you will be issued a number that will cause you the least grief.

Any rider with a single or two-digit number that has not competed in the previous two years will lose that number.

**\*\*\*\* Please make all checks payable to GPPRO (Gran Prix and Production Racing Organization) \*\*\*\***

Enclose your check or money order for the correct fee (or fill in the credit card info) and mail to:

**Loudon RoadRace Series- 7925 W. Riverbend Rd – Crystal River, FL 34428**

**We go by the postmark date.** There is no need to overnight this application but should you insist; assure that the instructions are to leave the mail, as we are not always here to sign for it.

**Phone number for LRRS for all licensing questions. 352-228-7192**  
***Please do not fax this application. It will not be accepted.***

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# 2009 Loudon RoadRace Series

## Medical Form

Last Name \_\_\_\_\_ First \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Last tetanus shot \_\_\_\_\_ Organ Doner \_\_\_\_\_

Allergies \_\_\_\_\_

Regular Medications \_\_\_\_\_

Medical Problems (Heart, Kidneys, Epilepsy etc.) \_\_\_\_\_

\_\_\_\_\_

List major surgery or injuries in last 5 year s \_\_\_\_\_

Circle: Glasses    Contacts    Dentures    Other \_\_\_\_\_

### **In case of emergency contact:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Relationship \_\_\_\_\_

Do you have personal medical insurance Yes( ) No( )

Company Name \_\_\_\_\_

Policy # \_\_\_\_\_



# Sponsor Listings



Last 6 digits of SSN # \_\_\_\_\_ Comp # \_\_\_\_\_ Region \_\_\_\_\_

Name \_\_\_\_\_

Check all that apply: CCS: \_\_\_\_\_ ASRA: \_\_\_\_\_ TC: \_\_\_\_\_

List your sponsors in the order in which you would like them to appear on the results. We may have to make adjustments to allow them to fit in the computer space available. Only list the companies or individuals that are actually providing financial aid. If you give sponsor exposure away, it lowers the value to everyone who participates.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_
16. \_\_\_\_\_
17. \_\_\_\_\_
18. \_\_\_\_\_

Please return the completed form to registration before 9:00 am for entry into the computer.