



2017 LRRS COMPETITION LICENSE APPLICATION



Please print clearly and legibly:

ASRA/CCS Member # (If applicable) Birth Date: Age: Name: Address: City: State: Zip: Phone #: Daytime Phone #: Westhold Transponder # Additional Transponder #

Personal Medical Insurance? Yes ( ) No ( ) Company Name: Policy Number:

E-Mail:

Emergency Contact: Emergency Phone #

LRRS/CCS: I wish to be licensed as: Novice Amateur or Expert 2016 LRRS/CCS #

Choices for your LRRS/CCS Competition Number: 1. 2. 3.

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

I am applying for a license based upon training at a road racing school completed within the previous 12 month period as described here: Name of School: Date & Track:

ASRA Series: I wish to be licensed for ASRA competition: (Check box to apply. Applicant must be 16 years old and an AMA Member.)

AMA Member Number: EXP DATE:

Choices for your ASRA Competition Number: 1. 2. 3.

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

CARD NUMBER: CVN#

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, American Sportbike Racing Association L.L.C., HD Promotions, Loudon Road Race Series, New Hampshire Motor Speedway Inc., Daytona International Speedway LLC, United States Grand Prix Riders Union, Mid-Atlantic Road Race Club, Midwest Cafe Racing Association, Learning Curves Road Race School, Penguin Racing School, Longevity Racing School, Team Hammer Inc., 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 current 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, the ASRA Championship Series and their affiliates without any further compensation to myself. I hereby agree to surrender a complete unedited copy of any and all video to ASRA/CCS immediately upon request. 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: Date:

Please add \$30 to my license fee for a 24-month subscription to Roadracing World magazine

DO NOT FAX THIS APPLICATION - MAIL TO: Loudon Road Race Series - PO Box 7888 - Loudon, NH 03307

Received: Amount: \$ Cash Check Credit Clerk Initials: ASRA # Assigned LRRS/CCS # Assigned Region NE



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# INSTRUCTIONS

## 2017 LRRS/CCS COMPETITION LICENSE APPLICATION

Incomplete, illegible, or incorrect applications will be returned.

Please fill out the other side exactly as called for in the following instructions:

1. 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.
2. 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 LRRS/CCS before a competition license will be issued.) Applicant must be a minimum of 16 years old to apply for an ASRA 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.
3. The insurance information is required.
4. Give us the correct information for the type of License for which you are applying. Please check Novice, Amateur or Expert, and then fill out the LRRS/CCS required information. If you are applying for an ASRA License, please check the appropriate box. (ASRA License requires an AMA Membership for 2017.)
  - ...If your Expert experience is not with LRRS/CCS or one of its affiliates, please include proof of experience. (Photocopy of your previous Expert license, up to 3 years old, or a confirmation letter from the sanctioning body who issued the license including the date of issue.)
5. Please give us three choices for your competition number. We will assign you the first number available in the computer.
6. LRRS/CCS 2015 License fees are: \$125.00 if purchased prior to 7/1/17, \$90.00 if purchased between 7/1/17 through 8/31/17, & \$60.00 if purchased between 9/1/17 through 12/31/17.
7. Read the Release and Assumption of Risk section and the Agreement, and then sign on the signature line.
8. Please include a copy of your license or a current rider's school certificate if you have not been licensed with LRRS/CCS or ASRA in the past 5 years. We cannot process your application without this proof of experience. School certificates must be less than 12 months old at the time of licensing and licenses submitted must be no older than 5 years.
9. Please check the box if you would like to receive a 2 year subscription to Roadracing World for just \$30.
9. Enclose your check or money order made out to LRRS for the correct fee (or fill in credit card info) and mail it to:

**Loudon Road Race Series - PO Box 7888 - Loudon, NH 03307**

Overnight delivery address:

**Loudon Road Race Series – 1122 Route 106 North - Loudon, NH 03307**

**PLEASE DO NOT FAX THIS APPLICATION  
WE MUST HAVE A SIGNED ORIGINAL TO PROCESS YOUR APPLICATION**