



EMSA's City Circuit Race 2023 ENTRY FORM

PLEASE ATTACH A PHOTOGRAPH HERE WITH A PAPER CLIP. PRINT YOUR FULL NAME ON ITS REVERSE

Section 1 – Your details please write clearly in BLOCK CAPITALS

First Name			
Middle Name			
Sur Name			
Nationality	Blood Type:		
Address	Sub City	Woreda	House No.
Date of birth	DAY / MONTH / YEAR ____ / _____ / _____	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	
Driving License No.	Expiry Date:		Grade:
Mobile Number	Tel:- (Residence / Office)		
Email address:			

Vehicle Plate Registration No.	
Vehicle Model	
Engine Capacity (CC)	

Section 2 – To be completed by the applicant (In case of accident)

Name of next of kin in case of accident: _____

Relationship with the applicant: _____

Telephone Residence: _____ Mobile: _____



Please read the following statements and sign below, to confirm your understanding and acceptance.

- I understand and will comply with (follow) the Ethiopian motor Sport Association (EMSA) Standing Supplementary Regulations (SSRs) document Version 1.1. , its amendments or additions and will abide by the FIA sporting code.
- I understand that if I have given any false information in this application the Ethiopian motor Sport Association (EMSA) may take disciplinary action against me. This might include my license being permanently withdrawn.
- I will not do anything that could damage the reputation of or have any negative effect on motorsport generally. I understand that if I do so, Ethiopian motor Sport Association may take disciplinary action against me.
- I undertake to make no use of drugs or of prohibited methods such as are defined in The Prohibited List of the World Anti-Doping Code of the WADA and by the Anti-Doping Regulations of the FIA (see www.wada-ama.org)
- I will not take part in any practice or competition while under the influence of drugs or alcohol.
- I confirm that the information given to the examining doctor regarding my present state of health and previous medical history is correct.
- I understand that if any medical conditions arise during the validity of my license, including (but not limited to) accidents at motorsport events, I must inform the Ethiopian motor Sport Association secretariat prior to competing in any further motorsport events.
- I understand that I must sign an entry participation form for the event bearing the indemnity before participating in any competition.

Your Signature:

Date: