



## **2014 Loudon Road Race Series – CCS New England Region License Application**

### **Specific Instructions and Rules**

1. PLEASE NOTE THAT IF YOU WANT THE ASRA ENDORSEMENT THERE IS **NO FEE** BUT YOU **MUST BE AN AMA MEMBER**; **DO NOT INCLUDE AN ADDITIONAL \$25 FOR ASRA.**
2. LRRS can only assign rider numbers for riders who reside in Maine, New Hampshire, Vermont, Connecticut Massachusetts, and Rhode Island. WE DO NOT COVER NEW YORK or NEW JERSEY. If you reside in New York or New Jersey (Mid-Atlantic region) we can still process your application, however, number assignment will be strictly handled by CCS directly; you will not be able to pick a number from the LRRS number bank. If you are in the Mid-Atlantic region you may be asked to put an X on the end of your number when/if you participate in LRRS events.
3. Please use your full legal name, no nicknames or abbreviations. Fill in all fields; pay close attention to the expiration date field if paying by credit card, which is frequently missed.
4. Be sure to sign the application; LRRS must receive the application with an original signature; no facsimiles, copies or scans can be accepted as a legal application.
5. New two digit numbers are exclusively restricted to Expert riders who had accumulated Expert points in 2013. Established 2 digit numbers must follow the rules as set forth in the 2013 Loudon Road Race Series rulebook see 18.1.2.
6. Single digit numbers will only be assigned or renewed to riders who had multiple past LRRS class champions; the rider must be prepared to provide documentation showing these multiple class championships if requested please see rule 18.1.2 in the 2013 LRRS rulebook.
7. Riders who have a single digit number at present that have not had one or more LRRS championships in the last 3 years will not be eligible for, or retain, a single digit number; they will be expected to choose a 2 digit number or 3 digit number.
8. Numbers are assigned in the order the application is received. The deadline to renew your previous 2013 number is **January 6, 2014 at 5 pm EST**. If the application is received after that date and time there are no guarantees that your previous or desired number will be available; if someone requests your (previous) number and their application was received before the deadline or after the deadline but before yours, they might get your number. **No numbers will be held for anyone after January 6, 2014 at 5 pm; absolutely NO EXCEPTIONS.**
9. Each application is stamped with the date when it is received at NHMS/LRRS. Numbers will be assigned in the order of the received date, not the date on the application.
10. If you are a new rider to LRRS please be sure to include supporting documentation with your application, such as school certificate(s), lap times or results from other racing organizations.
11. All applications received must have a completed medical form included or the application will be considered incomplete and void.
12. Sponsor forms are not required but if you do have sponsors or wish to be eligible for contingencies it is highly recommended that you fill one out and return it with your application. NHMS/LRRS is not responsible for listing or tracking your sponsors.

If you have any questions please contact Wanda C. Dumas at NHMS; email: [wdumas@nhms.com](mailto:wdumas@nhms.com) or (603) 513-5728.



## INSTRUCTIONS

### 2014 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.. Applications cannot be processed without a social security number or equivalent. 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 2014.)
  - ...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 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 License fees are: \$125.00 if purchased prior to 7/1/14, \$90.00 if purchased between 7/1/14 through 8/31/14, & \$60.00 if purchased between 9/1/14 through 12/31/14.
- 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 3 years. We cannot process your application without this proof of experience.
- 9.. Please check the box if you would like to receive a 1 year subscription to Roadracing World for just \$10.
- 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**



# 2014 LRRS COMPETITION LICENSE APPLICATION



**Please print clearly and legibly:**

Last 6 Digits of Social Security #: **XXX**       Birth Date:       Age:    
 Name:                     
 Address:                     
 City:           State:   Zip:        
 Phone #:         Daytime Phone #:

Do You Have: a personal transponder? Yes ( ) No ( ) 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 ☐ 2013 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: AMA Member Number:        
 (Check box to apply. Applicant must be 16 years old and an AMA Member.)

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, America Sportbike Racing Association L.L.C., HD Promotions, Grand Prix and Production Racers Organization Inc., Loudon Road Race Series, New Hampshire Motor Speedway, Road Race Southwest Inc., United States Grand Prix Riders Union, Mid-Atlantic Road Race Club, Midwest Cafe Racing Association, Learning Curves Road Race School, Frank Kinsey Racing 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 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 \$10 to my license fee for a 12-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 Pro # Assigned    LRRS/CCS # Assigned    Region **NE**



RIDER #:

## 2014 Medical/Emergency Contact Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last Tetanus Shot: \_\_\_\_\_

Allergies: \_\_\_\_\_

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

Medical Problems: \_\_\_\_\_

(Heart disease, high blood pressure, kidney disease, diabetes, etc.)

Please list all major surgeries in the past 5 years: \_\_\_\_\_

Please circle all that apply: Contact Lenses Glasses Dentures Other: \_\_\_\_\_

Are you an organ donor? YES NO Specific Organs? \_\_\_\_\_

Do you have medical insurance? YES NO

If yes, please complete the following:

Company Name: \_\_\_\_\_ Policy No.: \_\_\_\_\_

### **Emergency Contact:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Contact phone number: \_\_\_\_\_ Secondary #: \_\_\_\_\_

Relationship: \_\_\_\_\_

Will he/she be at track? YES NO UNKNOWN



## Sponsor Listings



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

Name \_\_\_\_\_

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

This is a complete update: \_\_\_\_\_ These are additions: \_\_\_\_\_.

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 on the day  
of your race for entry into the computer.