Off N7, Vanschoorsdrift Road
Vissershok, Cape Town
Web: www.zone7.co.za

Membership Registration Form
ZONE 7 - DIRT KARTING CLUB
Season: August 2026 / June 2027
Valid: 01.08.2026 to 31.05.2027

Name:		**Go Kart Number:**	
Surname:		**Class:**	
ID Number:		**Male:**	**Female:**
		Fee:	**R500.00 due by 31.08.2026**

Membership Number:

Kart Number: Z

CLASS:		**390STD**	
		390LADIES	
DEVELOPMENTS		**390 MODS**	
200CC		**SUPERMOD**	
270CC		**OPEN**	
300CC		**WING KARTS**	
		BEETLES	
		NINJA MIDGETS	

(Because we have duplicate kart numbers on the grid your membership number will be your kart number/ class example Z17/200CC and Z68/SUPERMOD as selected above)

PLEASE FILL ALL DETAILS IN CORRECTLY

Contact Information:

Home:		**Cell:**	
Office:			
Email:			
Adress:			

Emergency Contact Information:

Name:		**Medical Aid:**	
Contact Number:		**Plan:**	
Relationship		**Number:**	
Allergies:		**Blood Group:**	

Medical Aid Details:

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By taking out membership at Zone 7 Dirt Karting, I hereby agree to abide by the Constitution and Rulebook.

Zone 7 Dirt Karting Bank Details:

Bank:	Capitec
Account name:	Zone 7 Dirt Karting
Account number:	2203969918
Account type:	Savings Account

Indemnity Form:

Motorsport is dangerous. In view of the high speeds attained by the participants/competitors, accidents can/may happen. The land owners/promoters/organizers of this facility/event/ competition cannot guarantee your safety.

/we fully understand that I/we are participating in an activity entirely at our own risk and that I/We are fully aware that high speeds obtained by vehicles and other unforeseen dangers shall be encountered at any time whilst being a spectator or driving/participating in any activity where potentially dangerous situations for serious or even fatal accidents for drivers, participants and spectators alike may be created. I furthermore, understand that this indemnity applies to non-riders and minor's who have accompanied me to the event.

I hereby agree to indemnify and hold harmless, Zone 7 / Speed Spot Cape Town, its employees, officers and agents against all direct and indirect losses, liabilities, costs (including but not limited to legal and other professional costs), charges, expenses, actions procedures, claims, demands and damages (including but not limited to the amount of damages awarded by a court of competent jurisdiction) that they may face arising directly or indirectly from my conduct or participation in the Activity.

Acknowledgement:

I warrant that:

I am in good physical and mental health, my eyesight (as corrected as appropriate) is up to the standard required for a road driving and I am not suffering from any medical condition or disability which might make it unsafe for me to participate in the Activity;

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I do not suffer from epilepsy, fits, recurrent blackouts, fainting spells or giddiness, any form of psychiatric or mental illness or any other pre-existing condition that might make it unsafe for me to participate in the Activity;

I am not participating in the Activity against medical advice;

I agree not to participate in the Activity whilst under the influence of alcohol or intoxicating drugs (prescribed or otherwise) that will or are likely to impair my ability to take part.

I acknowledge that failure to comply with any reasonable guidance or instruction, regarding the , activity from any marshal, will result in an immediate cessation of my involvement in the Activity.

I acknowledge that the Activity is not without risk and that I undertake to look after myself and those around me in a careful and thoughtful manner at all times whilst participating in the Activity.

I acknowledge that Zone 7 / Speed Spot Cape Town reserves the right to have me or anyone accompanying me removed from the premises if my actions or those of my companion(s) to be dangerous or detrimental to others.

I, the undersigned, hereby declare that I have read and agree to abide by the conditions contained in this document.

_____ _____
Signature (parent if competitor is under 18) **Date**

_____
Members Name

_____
Competitors Name if under 18

Office:
Member No:
Date Joined:
Total Paid: