



2019 DRIVER APPLICATION

Applicant Information

Name:		DOB:	
Cell:		Email:	
Street Address:			
City, State, Zip:			
Emergency Contact:		Emergency Contact Phone:	
Affiliation and/or Team Name:			
SCCA Member Number:		Exp. Date:	

SCCA Membership: You must have an SCCA Membership to receive a Pro License or Annual Credential. The membership must run through the duration of the Series season.

I have a current SCCA Membership	Individual- \$85
Renew my existing SCCA Membership	First Gear- \$50 (24 years & under)
Create a new SCCA Membership	Family- \$105

For Family Membership, please include names and date of births (husband, wife and children 20 years or younger) below.

The following information will need to be provided in addition to this form:

Emailed to Hannah Orme: horme@sccapro.com

- Head shot photo
- Medical Form (required only for new drivers, those with an expired medical, or those applying for an FIA license)
- Racing Resume (required only for new drivers)

Mailed to SCCA Pro Racing, 463 Southpoint Circle, Unit 400, Brownsburg, IN 46112

- Release and Waiver of Liability (drivers over 18 years old): an original, color copy of the waiver notarized or witnessed by an SCCA Pro Racing Registrar
- SCCA Minor Participant Waiver (drivers 15-18 years old): an original, color copy of the waiver notarized or witnessed by an SCCA Pro Racing Registrar

Acknowledgement/Disclaimers:

The Applicant agrees to permit the SCCA Pro Racing and its assigns (including, but not limited to, subsidiaries, series sponsors, promoters/organizers of the Event), free of any charges, duties or fees, to use, license, reproduce, have reproduced, show, have shown, without limitation in space or time, all drawings, soundtracks, photographs, trademarks, films/video pictures concerning competitors, their drivers, teams or cars involved in the event(s) on any medium whatsoever for any documents, reports, coverage, broadcast, program, publication, video game or model production, software, etc. whether past, present or future. The Applicant further acknowledges and agrees that SCCA Pro Racing may freely assign or License its rights to a third party.

Driver Signature:		Date:	
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Payment Authorization Information

By providing the information below and signing your name, you authorize SCCA Pro Racing to charge your credit card \$300 for an SCCA Pro Racing License and the applicable SCCA Membership fee.

Name on Card:		Zip Code:		Phone:	
Card Number:		Exp. Date:		CCV:	
Signature:				Date:	