



DRIVER REGISTRATION FORM

THIS FORM MUST BE FILLED OUT COMPLETELY IN ORDER TO COMPETE AND RECEIVE PAYOFF.
IN THE EVENT DRIVER CHANGES CAR NUMBER, CAR OWNER, OR DIVISION; ANOTHER FORM MUST BE FILLED OUT.
PLEASE PRINT CLEARLY, ANY MISINFORMATION MAY DELAY PAYMENT

YEAR _____ CAR # _____ DIVISION _____ TRANSPONDER _____

COMPETITOR INFORMATION

FIRST NAME _____ LAST NAME _____

ADDRESS _____

(STREET OR P.O. BOX)

CITY _____ STATE _____ ZIP _____

EMAIL _____ PHONE # (_____) _____

BIRTHDAY _____ SSN _____

PERSON TO RECEIVE PAYOFF CHECK IF OTHER THAN COMPETITOR

OWNER/BUSINESS NAME: _____

ADDRESS _____

(STREET OR P.O. BOX)

CITY _____ STATE _____ ZIP _____

EMAIL _____ PHONE # (_____) _____

SSN OR FED ID NUMBER OF PERSON TO RECEIVE CHECK: _____

NOTE: FEDERAL TAX STATEMENT NO. 1099 WILL BE ASSIGNED AND MAILED TO THE PERSON OR BUSINESS RECEIVING PAYOFF, UNLESS OTHERWISE STATED ON THIS FORM.

COMPETITOR MEDICAL RELEASE INFORMATION

MEDICAL HISTORY _____

ADVANCE DIRECTIVES _____

EMERGENCY CONTACT/NEXT OF KIN: _____

EMERGENCY CONTACT PHONE NUMBER: _____

NOTE: THE HAGERSTOWN SPEEDWAY, HAGERSTOWN SPEEDWAY PERSONNEL, CONTRACTED PERSONNEL, AND SELF-EMPLOYED PERSONNEL ARE NOT RESPONSIBLE FOR ANY MEDICAL INFORMATION NOT ENCLOSED TO THE HAGERSTOWN SPEEDWAY. **ALL DRIVER'S INFORMATION AND MEDICAL PROFILE ENCLOSED WITH THE HAGERSTOWN SPEEDWAY IS PROTECTED UNDER THE HIPAA PRIVACY RULE WITHIN THE NATIONAL STANDARD.**