

NAME _____
DATE _____ PAID BY _____

RACE SERVICES, INC.
www.rsiwgi.com

APPLICATION: In applying for membership in Race Services, Inc. (RSI):

1. I am fully aware that I am volunteering my services for an extremely hazardous undertaking, and that when I am serving with RSI I will be subjecting myself at all times to the ever-present possibility of serious bodily injury and/or damage to, or loss of, personal property carried to the event.
2. I understand that I will receive absolutely no monetary compensation in any form for my services to, or with RSI, in connection with any automotive speed event, or any other form of competition event.
3. I will not hold RSI as a group, or any of its members, individually or collectively, responsible for any bodily injuries I may receive, and/or damage to or loss of personal effects sustained as a result of my participation in any competitive event. Continuing membership in RSI and participating at events is on a purely voluntary basis, and the decision to do so is strictly my own.
4. I attest to the fact that I am physically fit to perform all duties required by RSI in all aspects-mental or otherwise-or that I have a qualified doctor's testimony that I can perform all duties required by an RSI member in good standing.
5. I agree to abide by all rules and regulation governing the RSI organization, its operational procedures and its activities, and that it is my personal responsibility to familiarize myself with the basic organizational, administrative, and operational policies and procedures, and that I will receive and accept all orders, directives and instruction from the RSI Officers, Board Members, Chiefs of Specialty, and appointed Station Captains.
6. I understand that I may be required to work a minimum number of events (marquee and/or pro), or a per event basis as deemed necessary and appropriate by my Chief of Specialty.
7. I agree to outfit myself with the prescribed RSI uniform, if necessary.
8. I fully understand that I may be dismissed from RSI as a result of any infraction of the RSI rules and regulations, or insubordination on my part, or my failure to comply with an order or directive.
9. I agree to conduct myself in a sportsmanlike manner at all times, and to endeavor to advance the character of RSI in automobile racing specialty, and the sport in general.
10. A yearly membership fee is due upon submission of this application. In the event my dues payment is not honored by the bank, I agree to pay any bank charges in addition to my membership dues.

***Annual dues are \$15; \$10 for persons 65 and over – include proof of age with application.**

Check or Money Orders payable to Race Services, Incorporated
Send dues payment and application to: RSI, PO Box 84, Watkins Glen, NY 14891

Please sign: I acknowledge acceptance of the terms and conditions of membership in Race Services, Inc., as stated above, and affirm that as of this date, information provided by me in this application is true and complete to the best of my knowledge.

PRINT NAME _____ SIGNATURE _____ DATE _____

Applicant's ID Number _____

Membership Year _____

Date Received _____

Paid by: Check____ Money Order____ **NO CASH through the MAIL!!!!**

PERSONAL INFORMATION (Please fill out in FULL, even if this a renewal)

Name _____

Mailing Address _____

City _____ State _____ Zip _____ Country _____

Phone Numbers:

Home _____ Work _____ Cell _____

E-Mail Address (PLEASE PRINT Legibly) _____

*Address UNLISTED: Circle (Yes or No) *Phone UNLISTED: Circle (Yes or No) *Email UNLISTED: Circle (Yes or No)

Check one: Mailings from RSI: Email Only _____ US Mail Only _____ Email and US Mail (both) _____

Date of Birth: month _____ day _____ year _____ **we only post month and date of birth for our records (Member MUST be at least 18 years of age)**

IN CASE OF EMERGENCY, CONTACT

Name _____ Relationship _____ Phone Number _____

SPECIALTY (Indicate with an "X" the Specialty for which you are signing up)

Signing Up for MORE than ONE Specialty Area – Please Number **FIRST Choice as #1, SECOND Choice as #2, etc.**

1st	2nd	3rd	_____ Flagging and Communications
_____	_____	_____	_____ Grid
_____	_____	_____	_____ Paddock
_____	_____	_____	_____ Pits (NOT PIT FIRE)
_____	_____	_____	_____ Race Medical CURRENT NEW YORK STATE EMT OR HIGHER

***New York will accept Reciprocity from PA**

_____	_____	_____	Worker Support
_____	_____	_____	Course Marshal
_____	_____	_____	Start/Finish
_____	_____	_____	Fire-Rescue/Pit Fire MUST be a member of a fire department

- List name of Fire Department in which you are a member _____
- Name of Fire Chief and Phone Number _____
- Licenses or certifications held and dates _____
- Years of Experience _____

Sponsor Name (for NEW members ONLY) _____