

**2024 Rider License Form (Speedway)**

**\$40 / Rider (cash or check are acceptable)**

**Address: WTP Motorsports, LLC**

**650 N Rose Dr. #181**

**Placentia, CA 92780**

**Venmo: @aaron-fox-28 / PayPal: [lindseynelson1@yahoo.com](mailto:lindseynelson1@yahoo.com)**

*\*if by PayPal, send as "family friends"*

Name: \_\_\_\_\_

Rider Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

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

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Sponsors: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone Number of Emergency Contact: \_\_\_\_\_

Insurance provider: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Parent / Legal Guardian (If Minor): \_\_\_\_\_

Sign: \_\_\_\_\_

Return this form via email to [speedway@wtpmotorsports.com](mailto:speedway@wtpmotorsports.com) or send back to Aaron Fox on any social media app necessary.

**1205 Burton Road, Perris, CA 92570**



**2024 Mechanic License Form (Speedway)**

**\$20 / Mechanic (cash or check are acceptable)**

**Address: WTP Motorsports, LLC**

**650 N Rose Dr. #181**

**Placentia, CA 92780**

**Venmo: @aaron-fox-28 / PayPal: [lindseynelson1@yahoo.com](mailto:lindseynelson1@yahoo.com)**

*\*if by PayPal, send as "family friends"*

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

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

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone Number of Emergency Contact: \_\_\_\_\_

Insurance provider: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Parent / Legal Guardian (If Minor): \_\_\_\_\_

Sign: \_\_\_\_\_

Return this form via email to [speedway@wtpmotorsports.com](mailto:speedway@wtpmotorsports.com)

**1205 Burton Road, Perris, CA 92570**



"I Have Read and Understand"

I \_\_\_\_\_ have read, understand and signed the attached Release and **Waiver** of Liability, assumption of **Risk** and Indemnity Agreement.

Applicant Signature:

\_\_\_\_\_  
(Required) (Date)

I \_\_\_\_\_ understand that **WTP Motorsports** and Perris Raceway do not provide any Medical Insurance coverage for the 2024 Racing Season and is not responsible for any medical expenses.

I \_\_\_\_\_ also understand racing is dangerous and the pit area is dangerous! All participants should carry their own Comprehensive Medical Insurance coverage.

Applicant Signature:

\_\_\_\_\_  
(Required) (Date)

"I Have Read and Understand"

I \_\_\_\_\_ and \_\_\_\_\_ have read, understand and signed the attached Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement.

Applicant Signature:

\_\_\_\_\_  
(Required) (Date)

Mother:

\_\_\_\_\_  
(Required) (Date)

Father:

\_\_\_\_\_  
(Required) (Date)

I \_\_\_\_\_ and \_\_\_\_\_ also understand that **WTP Motorsports** and Perris Racway **do not** provide any Riders Medical Insurance coverage for the 2024 Racing Season and is not responsible for any medical expenses.

Racing is Dangerous! All riders should carry their own Comprehensive Medical Insurance coverage.

Applicant Signature:

\_\_\_\_\_  
(Required) (Date)

Mother:

\_\_\_\_\_  
(Required) (Date)

Father:

\_\_\_\_\_  
(Required) (Date)



**WTP**  
MOTORSPORTS

# 2024 SPEEDWAY SEASON RACE SCHEDULE

**SATURDAY APRIL 20TH**

**SATURDAY MAY 4TH**

**SATURDAY JULY 20TH**

**SATURDAY AUGUST 10TH**

**SATURDAY SEPTEMBER 7TH**

**SATURDAY OCTOBER 5TH**