

# 2017 Mary Hill Hillclimb Entry Form August 5<sup>th</sup> and 6<sup>th</sup>

**(Prior to registering, all sanctioned NHA events require current NHA Membership to compete)**

(Please print legibly)

Driver #1

Name \_\_\_\_\_ Home Phone # (\_\_\_\_) \_\_\_\_\_ Age \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Driver's License's # \_\_\_\_\_ State \_\_\_\_\_ Blood Type \_\_\_\_\_ Date of last Tetanus \_\_\_\_\_  
 E-mail \_\_\_\_\_ Cell/Mobile Phone # (\_\_\_\_) \_\_\_\_\_  
 Club affiliation \_\_\_\_\_ Requested Car # 1st choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_  
 Competition Experience \_\_\_\_\_

Please fill out the following to better help our EMT's do their job should they need to help you!

In case of emergency, notify:

Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Will he or she be on site? (Yes / No)

Relation: \_\_\_\_\_ (Alternate Phone): \_\_\_\_\_

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

Prescription Medications: \_\_\_\_\_

Special Medical Conditions \_\_\_\_\_

Insurance Information Carrier: \_\_\_\_\_ ID Number: \_\_\_\_\_ Group: \_\_\_\_\_

Subscriber: \_\_\_\_\_

Mark Yes or No for each condition

	Yes	No		Yes	No		Yes	No
Asthmatic			Hemophiliac			Hearing Impaired		
Hypertension			Contacts			Dentures		
Diabetic			Pregnant			Epileptic		
Allergies – Penicillin			Other Allergies					

Car Information

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_

Engine Displacement \_\_\_\_\_ Turbo or Supercharger (yes / no) NHA Class \_\_\_\_\_

We are always looking for volunteers. They are the unsung hero's that allow the driver to do what he or she loves to do. If you know someone (family, friend, or crew) that would be willing to work. Please fill out volunteer form the day of the event.

Driver #2

Name \_\_\_\_\_ Home Phone # (\_\_\_\_) \_\_\_\_\_ Age \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Driver's License's # \_\_\_\_\_ State \_\_\_\_\_ Blood Type \_\_\_\_\_ Date of last Tetanus \_\_\_\_\_  
 E-mail \_\_\_\_\_ Cell/Mobile Phone # (\_\_\_\_) \_\_\_\_\_  
 Club affiliation \_\_\_\_\_ Requested Car # 1st choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_  
 Competition Experience \_\_\_\_\_

Please fill out the following to better help our EMT's do their job should they need to help you!

In case of emergency, notify:

Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Will he or she be on site? (Yes / No)

Relation: \_\_\_\_\_ (Alternate Phone): \_\_\_\_\_

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

Prescription Medications: \_\_\_\_\_

Special Medical Conditions \_\_\_\_\_

Carrier: \_\_\_\_\_ ID Number: \_\_\_\_\_ Group: \_\_\_\_\_

Subscriber: \_\_\_\_\_

	Yes	No		Yes	No		Yes	No
Asthmatic			Hemophiliac			Hearing Impaired		
Hypertension			Contacts			Dentures		
Diabetic			Pregnant			Epileptic		
Allergies – Penicillin			Other Allergies					

Entry Fee Schedule (all monies U.S.)

Entry - No. of drivers \_\_\_ @ \$135.00 ea. (\$155 ea. if postmarked after July 22<sup>nd</sup>) \$ \_\_\_\_\_

T-Shirts (Qty. ea. size) \_\_\_ Med \_\_\_ Lg \_\_\_ XL @ \$17.00 ea.  
\_\_\_ XXL \_\_\_ XXXL @\$19.00 \$ \_\_\_\_\_

Sweat Shirt or Hoodie indicate one (Qty. ea. Size) \_\_\_ Med \_\_\_ Lg \_\_\_ XL @\$25.00ea  
\_\_\_ XXL \_\_\_ XXXL @\$28.00 \$ \_\_\_\_\_

BBQ Dinner (Saturday Night) no. of people @ \$12.00 ea. \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

There is food Saturday Night Dinner, working on lunch food.  
There is no water on hill site.

Driver #1

Name \_\_\_\_\_

Driver #2

Name \_\_\_\_\_

Drivers must read, sign, and date

\_\_\_ I hereby affirm that I have a valid drivers license and that I am of legal age (18 years) or older.

\_\_\_ I currently hold a valid driver's license.

\_\_\_ I agree to abide by all of the rules and regulations governing this event.

\_\_\_ I further agree to use the course of this event at my own risk, and do hereby release,  
Discharge, and hold harmless the Willamette Motor Club, Inc., together with its  
Assignees, officers, agents, employees, officials, and their successors, from all liability  
For personal injury that may be received by this entrant, and from all claims and demands  
To personal property growing out of, resulting from, or caused by this event, and  
Construction or condition of the course over which this event is held.

\_\_\_ I have read all of the above, all attached and/or posted rules and regulations governing  
This event, and agree to the terms therein.

\_\_\_ Refunds at the discretion of the Event Chairman and are final. Submitted requests will be processed after the event.

\_\_\_ An approved **NHA 2017** decal is required for each side of the car. If you did not receive them when you became a current  
NHA member, you can see Brenda Kipperman, Secretary/Treasurer for NHA, at the site to receive them.

Driver #1 Signature \_\_\_\_\_ Date \_\_\_\_\_

Driver #2 Signature \_\_\_\_\_ Date \_\_\_\_\_

**Make checks payable to: WMClub**

**Send completed entry form and check to: Deb Riedel  
PO BOX 462  
Scappoose, OR 97056**

For more information see our website ([www.wmclub.org](http://www.wmclub.org)) or contact Debi Riedel at [riedel21@comcast.net](mailto:riedel21@comcast.net)