

## *Who should complete which forms, how and why.*

### **Participant's Confidential Medical Information (page 5)**

**Everyone** needs to complete this form (Students, instructors, workers and observers.) The chances of needing it are slim, but it's better to have it and not need it than need it and not have it. We suggest that you seal it into an envelope and print your name on the outside of the envelope. The envelope will be given to the Fire Rescue/EMT team. If they need the information they will open the envelope. If there's no reason to open it, the envelope will be destroyed (unopened) at the end of the weekend. No one in the Chapter will ever see the contents so please be as complete as you can in filling out the information. Medical personnel need to know whether you are taking any drugs, have undergone a sex change operation or are allergic to broccoli. The Chapter doesn't care, but the medical workers do.

### **Driving School (DS) Students** (when the student is the owner [or primary driver] of the car:)

Complete and bring to registration a [Participant's Confidential Medical Information \(page 5\)](#) and a [Pre-Event Technical Inspection for Driving School Students \(page 2\)](#)

- The technical inspection is MANDATORY. No one may participate in the DS without a tech inspection. Schedule the inspection one to four weeks before the event.
- Any **qualified** mechanic (independent shop or dealer) may be used.
- If any item(s) fail inspection they should be repaired/replaced before the DS.
- Self-inspection is not allowed unless you are a qualified mechanic.
- There will not be anyone at the DS to perform a technical inspection for you.

### **Driving School (DS) Students Sharing a Car** (second driver in a shared vehicle.)

Complete and bring to registration a [Participant's Confidential Medical Information \(page 5\)](#) and a [Pre-Event Technical Inspection Acknowledgment \(page 3\)](#).

### **Car Control Clinic (CCC) Students:**

Complete and bring to registration a [Participant's Confidential Medical Information \(page 5\)](#) and a [Pre-Event Technical Inspection for Car Control Clinic Students \(page 4\)](#)

- Our goal in asking for a Tech Inspection is to make you more aware of the actual condition of your vehicle, which in turn, will make you a safer driver.
- You may complete the Technical Inspection yourself (or have your spouse, friend or parent do it) or you can take your car to a mechanic.
- If you are a Saturday CCC student who has also signed up as a Driving School Student on Sunday, we consider you to be a Driving School Student so please refer to that section and ignore this section.
- If you are a Saturday CCC student who isn't signed up for Sunday's Driving School **OR** if you are a Sunday CCC student this abridged tech inspection is all you need to complete.

### **Instructors and Staff**

You may follow the instructions above for Driving School Students or you may use [Instructor and Staff – Tech Forms and Paperwork](#) from the Chapter website. Staff must have a Tech Inspection completed to take a vehicle on track.

### **ALL MINORS**

There is a Minor Waiver form on the Chapter website. Download, print (in color) and complete it **BEFORE** you arrive at the event. Both parents/guardians must sign it. As with all our waivers, this is the Chapter's form. The venue may require that you sign another waiver for them.

Questions, concerns, confusion? Contact [BMWCCA\\_LA\\_DRIVING\\_SCHOOL@cox.net](mailto:BMWCCA_LA_DRIVING_SCHOOL@cox.net) or call 949.499.9433.



## Pre-Event Technical Inspection Acknowledgment

**(When the student is the second driver in a shared vehicle for either DS or CCC.)**

Location of Event Willow Springs International Raceway Date(s) of Event November 21-22, 2009

<i>Driver sharing vehicle (second driver)</i>			<i>Vehicle owner (first driver)</i>			
<i>VEHICLE: Make</i>	<i>Model</i>	<i>YR</i>	<i>Color</i>	<i>Lic. Plate</i>	<i>ST</i>	

I am sharing this vehicle with \_\_\_\_\_.

I agree that by signing this section, I hereby certify that a qualified individual has examined the vehicle and has completed the technical inspection. I understand that the safe condition and operation of this vehicle are entirely my responsibility, that the Los Angeles Chapter of the BMW CCA, and/or its members (*hereinafter referred to as "the Club"*) cannot be held liable or responsible for any vehicle problems, malfunctions or damage which may occur in connection with the operation of the vehicle prior, during or subsequent to this event. I acknowledge that any trackside vehicle spot-check which may be performed on my vehicle cannot verify that the vehicle has been properly prepared and inspected for this high speed driving event. I realize that the trackside vehicle spot-check is performed at the discretion of the Club and that not all vehicles may be subjected to identical levels of trackside vehicle spot-check. No representation is made by the Club of the vehicle's road-worthiness for street driving or for this high-speed driving event.

THE PARTICIPANT IS RESPONSIBLE FOR THE SAFE CONDITION OF THE VEHICLE TO BE DRIVEN TO, AT AND FROM THIS EVENT.

<i>Participant's Signature</i>	<i>Date</i>
<i>Emergency Contact Person's Name</i>	<i>Relationship</i>

Phone # (primary)

Phone # (secondary)

If your emergency contact person is at this event with you, please write "At Track" in the space for a secondary phone number.

# Pre-Event Technical Inspection for Car Control Clinic Students

Location of Event Willow Springs International Raceway Date(s) of Event November 21-22, 2009

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Driver 1 (print name)

Driver 2 \*\* (print name)

<i>VEHICLE: Make</i>	<i>Model</i>	<i>YR</i>	<i>Color</i>	<i>Lic. Plate</i>	<i>ST</i>

Please circle **P** (pass) or **F** (fail) for each of the following:

P F	<b>Brakes</b> – no excessive play in pedal. More than 25% brake pad appears to be present. Date of last Brake Fluid Flush: <span style="background-color: yellow; display: inline-block; width: 80px; height: 15px;"></span>	P F	<b>Seatbelts</b> – securely fastened, in good working order. Passenger side restraints must be equal to or better than driver side. Aftermarket belts must be correctly installed.
P F	<b>Tires</b> – no cracks, blisters or cord showing. <b>MUST HAVE ADEQUATE TREAD REMAINING.</b> Tires must be properly inflated to manufacturer's specs.	P F	<b>Lug Bolts</b> all present and securely tightened on each wheel.
P F	<b>All Pedals</b> – securely mounted with free return and no excessive play.	P F	<b>Seats</b> – both front seats securely fastened. Headrests in place and securely fastened.
P F	<b>Brake Lights and Flashers</b> – functioning.	P F	<b>Fluids – Check All</b> – adequately full, <b>no leaks</b>
P F	<b>Steering Wheel</b> – no excessive play.	P F	<b>Windows</b> – no cracks, in good working condition
P F	<b>Battery</b> – securely mounted, no leaks.	P F	No excessive <b>body corrosion.</b>
P F	<b>Wipers</b> – Front wipers must function. Rear window wipers (if present) should function.	P F	<b>Mirrors</b> – securely mounted. Must have inside rearview mirror.

Inspected By:

Signature:	Stamp here (if done by a professional shop)
Date:	

*Mechanic's signature and stamp merely indicate that he/she has completed the inspection and recorded the above results. The ultimate responsibility for the condition of the vehicle remains with the owner of the vehicle.*

On the day of the event park your car in the Car Control Clinic area and do the following:

- Empty all loose items from your car, including your trunk. Either lock your glove box or remove all items from it. Don't forget to check your door pockets.
- Put your numbers on the rear driver's side window. (numbers will be in your registration packet.)
- Leave your car unlocked.
- Smile, relax and prepare to have a great time learning.

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Participant's Signature

Date

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Emergency Contact Person's Name

Relationship

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Phone # (primary)

Phone # (secondary)

If your emergency contact person is at this event with you, please write "At Track" in the space for a secondary phone number.

# BMW CAR CLUB OF AMERICA

## Participant's Confidential Medical Information

**All participants MUST complete this form.**

The following information is requested for use by emergency crisis responders ( EMT's, ambulance personnel, other medically trained persons). It will not be reviewed or retained by the Chapter. At the end of the event this page will be destroyed. In an extreme emergency, it may be the only information medical personnel have available for you. Please complete the questions as thoroughly as you can. We suggest that you seal the completed page in an envelope which is clearly printed with your name and vehicle description (make, model, color). If you know your car number for this event, include it on the outside of the envelope. You may request that the envelope be returned to you at the end of the event.

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

In Emergency, notify: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Is this person at the event :  Yes  No

Person at event to notify \_\_\_\_\_

Mobile phone #: \_\_\_\_\_

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Current Medical Condition:

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Current Medications:

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Drug Allergies:

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Additional information you want  
medical practitioners to know:

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Personal Physician(s):

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Physician's Phone:

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