



# MOTORSPORT MARSHALLING SERVICES

1110 Finch Avenue West Suite 222 North York, ON M3J 2T2

[www.motorsportmarshalling.on.ca](http://www.motorsportmarshalling.on.ca)

## 2021 MEMBERSHIP APPLICATION

In applying for membership with Motorsport Marshalling Services, hereafter referred to as "MMS", I agree to the following terms and conditions of membership:

1. I am fully aware that I am volunteering my services for a potentially hazardous undertaking involving motor racing events, and that when I am serving with MMS I may be subjecting myself at times to the 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 MMS, in connection with any automotive speed event, or any other form of competition event.
3. I will not hold MMS as a group, or any of its members, individually or collectively, responsible for any other 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 MMS and participation in 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 fit in all aspects - physically, mentally, or otherwise - or that I have a qualified doctor's testimony that I can perform all duties required of an MMS member.
5. I agree to abide by all policies, rules and regulations governing the MMS organization, its operational procedures and its activities, and that it is my personal responsibility to familiarize myself with the organizational, administrative and operational policies and procedures, and that while participating in events I will accept and comply with all directives and instructions from the MMS Board of Directors, designated MMS Chief Course Marshals and Station Captains.
6. I agree to outfit myself with the MMS prescribed/approved dress code.
7. I agree to attend training sessions and periodic skills workshops to obtain and maintain a personal skills-set appropriate to my level of participation in competitive motor racing events.
8. I agree to abide by the MMS rules & regulations, failure to comply will result in my membership being revoked .
9. I agree to conduct myself in a sportsmanlike manner at all times, and to endeavor to advance the character of MMS in automobile racing specifically, and the sport in general.
10. An annual membership fee is due upon approval 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.
11. I give MMS permission to communicate with me electronically

I am a returning MMS member and will send a cheque or a interac email money transfer for the \$10.00.  
This covers MMS membership and CASC licensing.

I am a new MMS member applicant enclosing a cheque or sending a Interac email money transfer for \$10.00.  
This fee covers MMS membership and CASC licensing

Please make cheques payable to:  
**Motorsport Marshalling Services**  
Send payment, application, and if applicable, photograph, to:

**Motorsport Marshalling Services**  
**C/O Brian Dawe**  
**45A Talara Dr.,**  
**Toronto, ON M2K 1A3**

Email Interac payments, completed applications and waivers  
to: [motorsportmarshals@gmail.com](mailto:motorsportmarshals@gmail.com)

By my signature on pg. 2, I acknowledge my acceptance of the terms and conditions of membership in Motorsport Marshalling Services, 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

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Application Date*

# 2021 MEMBERSHIP APPLICATION

## PERSONAL INFORMATION

Please print clearly!

NAME	(First)	(Middle)	(Last)
ADDRESS			CITY
PROV	POSTAL CODE	COUNTRY	
PHONE	home	cell	work
EMAIL			
DATE OF BIRTH	(Day)	(Month)	(Year)

## EMERGENCY CONTACT INFORMATION

NAME	(FIRST)	(MIDDLE)	(LAST)
ADDRESS			CITY
PROV	POSTAL CODE	COUNTRY	
PHONE	HOME	CELL	WORK
			RELATIONSHIP

PERSONAL MEDICAL INFORMATION (**OPTIONAL**) Information provided will only be used in case of emergency. MMS recommends wearing a **Medic Alert** bracelet if necessary.

DRUG ALLERGIES	
OTHER ALLERGIES	
CURRENT MEDICAL CONDITIONS	
CURRENT MEDICATIONS	
PHYSICAL LIMITATIONS	

## MISCELLANEOUS INFORMATION

LOG BOOK NUMBER	CHECK ONE OF THE FOLLOWING CHOICES FOR YOUR ID CARD PHOTO
ARE YOU A MEMBER OF ANOTHER ACCREDITED MARSHALLING CLUB YES OR NO	I AM HAPPY WITH LAST YEARS PHOTO PLEASE USE IT
PRIMARY CLUB (FOR LICENSING PURPOSE)	I WOULD LIKE A NEW PHOTO TAKEN AT MY FIRST EVENT WORKED
TOTAL EVENTS TO DATE	I AM INCLUDING A PASSPORT SIZED PHOTO WITH MY APPLICATION
OCCUPATION	I WILL EMAIL A CURRENT PHOTO OF MYSELF TO mmstreasurer@bell.net
If you want a variation of your name on your ID card, please provide below	
	Legal Signature

BY SIGNING THIS APPLICATION I CONFIRM THAT I HAVE READ, UNDERSTOOD AND WILL ABIDE BY ALL MMS POLICIES AND PROCEDURES