

APPLICATION FOR AUSTRALIAN AUTO-SPORT ALLIANCE CLUB RACING LICENCE

THIS IS FOR CAR LICENCES *ONLY*.

THIS APPLICATION CAN BE EMAILED TO [info@aasa.com.au](mailto:info@aasa.com.au)



PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS INCLUDING MEDICAL QUESTIONNAIRE			
<b>FULL NAME:</b>	<b>ADDRESS IN FULL:</b>		
<b>PHONE:</b>	<b>SUBURB:</b>		
<b>OCCUPATION:</b>	<b>STATE:</b>	<b>POSTCODE:</b>	
<b>EMAIL ADDRESS:</b>		<b>DATE OF BIRTH:</b>	<b>AGE:</b>
<b>COUNTRY OF BIRTH:</b>	<b>Tetanus Immunization Date:</b>	<b>Allergies</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please list	
<b>ARE YOU AN AUSTRALIAN CITIZEN</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		1/	
<b>Have you previously held a Motor Racing License?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, last year held?	<b>Blood Group:</b>	2/	
		3/	
<b>Have you ever been diagnosed as having and/or had treatment for: (Please tick)</b>		<b>Gender:</b>	
1. A psychiatric or psychological illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Have you taken any medications, including self-medication or alternative therapies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Persistent or severe headache, head injury, epilepsy, seizure or loss of consciousness?	<input type="checkbox"/> Yes <input type="checkbox"/> No	7. Do you have any hearing impairment or loss?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Heart or lung disease, including infection, blood vessel disease, hypertension, coronary bypass, angioplasty or other surgical procedure?	<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Do you suffer from any hearing disorder including tinnitus?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Cancer, diabetes, kidney, liver, thyroid, gastrointestinal, blood pressure disorders, including any associated surgical procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Is your eyesight normal in both eyes for distance vision? If NO do you wear spectacles or contact lens?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Any other significant illness, injury or surgery not already noted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	10. When did you last have a medical examination?	Date:
<b>Please give full details if you answered YES to any of the above questions:</b>			
<b>Declaration:</b>			
1/ I certify that the statements made regarding my psychological and physical condition and any previous illness are true and accurate.			
2/ I understand that I will not use any drug considered illegal.			
3/ I authorize any hospital or medical practitioner to furnish information relevant to my medical condition to a Medical Assessor in order to determine competition fitness.			
4/ I acknowledge that motorsport is dangerous and agree that AASA shall not be under any liability whatsoever for any death or bodily injury, loss or damage which I may incur, howsoever such death or bodily injury, loss or damage is caused, by negligence or otherwise.			
<b>For Female Applicants:</b> I agree to refrain from participating in any motor sport events except touring events if I am aware that I am or may be pregnant, and to abide by AASA's HSE policy regulations.			<b>Female Applicant Must Initial</b>
<b>Date:</b>	<b>Signature:</b>		
<b>OFFICE USE ONLY</b>			
<b>Licence No:</b>	<b>Renewal Date:</b>	<b>Licence Produced:</b>	

CAR CLUB LICENCE COST: \$75 FOR 12 MONTHS

All payments to be made payable to Australian Auto Sport Alliance Pty Ltd

PAYMENT BY CREDIT CARD: **VISA MASTERCARD** **AMOUNT:** \_\_\_\_\_

**Card Number:** \_\_\_\_\_ **Exp date** \_\_\_\_/\_\_\_\_

**Name on Card:** \_\_\_\_\_ **Signature** \_\_\_\_\_