

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



PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS INCLUDING MEDICAL QUESTIONNAIRE			
FULL NAME:	ADDRESS IN FULL:		
PHONE:	SUBURB:		
OCCUPATION:	STATE:	POSTCODE:	
EMAIL ADDRESS:		DATE OF BIRTH:	AGE:
COUNTRY OF BIRTH:		Tetanus Immunization Date:	Allergies <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please list
ARE YOU AN AUSTRALIAN CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO			1/
Have you previously held a Motor Racing License? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, last year held?		Blood Group:	2/ 3/
Have you ever been diagnosed as having and/or had treatment for: (Please tick)			Gender:
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:
Please give full details if you answered YES to any of the above questions:			
Declaration:			
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.			
For Female Applicants: 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.			Female Applicant Must Initial
Date:	Signature:		
Competency Declaration by Club/ Organization or Individual.			
This applicant is recommended by Club/ Organization/ Individual who is personally known to AASA			
Name of Club/ Organization/ Individual:		Signature:	
OFFICE USE ONLY			
Licence No:	Renewal Date:	Licence Produced:	

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** _____