

**APPLICATION FOR AUSTRALIAN AUTO-SPORT ALLIANCE OFF ROAD SINGLE EVENT LICENCE
THIS IS FOR OFF ROAD EVENTS ONLY**



AASA OFFICE USE ONLY –EVENT LICENCE NO.: _____

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:		Blood Group:	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/ 2/ 3/ 4/	
Have you had previous experience in Motor Racing? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many years?		Tetanus Immunization Date:	
Have you ever been diagnosed as having and/or had treatment for: (Please tick)			Gender:
1. 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	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. A psychiatric or psychological illness?	<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 agree that I will not be under the influence of alcohol or any drug considered illegal while participating in motorsport events. 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.			
For Female Applicants: I agree to refrain from participating in any extreme motor sport 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:		
Parental Consent for under 18 year olds (PLEASE NOTE THAT APPLICANTS MUST BE AT LEAST 15 YEARS OLD): I _____ as parent/guardian of the applicant hereby give permission for _____ to apply for and hold an Australian Auto Sport Alliance Pty Ltd Off Road Licence. In doing so I acknowledge that motor sport is dangerous, and agree that AASA Pty Ltd shall not be under any liability whatsoever for any death or bodily injury. loss or damage which may be sustained or incurred by the participant or by me, howsoever such death or bodily injury, loss or damage is caused, by negligence or otherwise. Signature:			
Dates of event (max 2 consecutive):	Signature:		

LICENCE TYPE (please tick one): State Level Navigator \$50.00 Club Level Driver/Navigator: \$25.00

Card Number: _____ **Exp date** ____/____

Name on Card: _____ **Signature** _____