

**APPLICATION FOR AUSTRALIAN AUTO-SPORT ALLIANCE JUNIOR DAY LICENCE
FOR 14-18 YEAR OLDS PARTICIPATING IN CIRCUIT EVENTS ONLY.**

THIS APPLICATION CAN BE EMAILED TO info@aasa.com.au



TO BE COMPLETED BY THE PARENT/GUARDIAN OF THE LICENCE HOLDER ON THE MINOR'S BEHALF

MINOR'S FULL NAME:		ADDRESS:	
PARENT/GUARDIAN PHONE:		SUBURB:	
EMAIL ADDRESS:		STATE:	POSTCODE:
COUNTRY OF BIRTH: IS THE MINOR AN AUSTRALIAN CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO		Gender:	DATE OF BIRTH: AGE:
Has the minor previously held a Motor Racing License? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, last year held, and issuing body:		Allergies <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please list	
Tetanus Immunization Date:		Blood Group:	1/ 2/ 3/
Has the minor ever been diagnosed as having and/or had treatment for: (Please tick)			
1. A psychiatric or psychological illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Has the minor 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. Does the minor 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. Does the minor 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 eyesight normal in both eyes for distance vision? If NO does the minor 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 the minor last have a medical examination?	Date:
Please give full details if you answered YES to any of the above questions:			
Declaration & Parental Consent: 1/ I certify that the statements made regarding the minor's psychological and physical condition and any previous illness are true and accurate. 2/ I understand that the minor must not use any drug considered illegal. 3/ I authorize any hospital or medical practitioner to furnish information relevant to the minor's 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 the minor may incur, howsoever such death or bodily injury, loss or damage is caused, by negligence or otherwise. 5/ I agree that the minor shall abide by AASA's HSE policy regulations. 6/ Parental Consent for under 18 year olds (PLEASE NOTE THAT APPLICANTS MUST BE BETWEEN 14-18 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 Junior Speedway 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:		Date:	
OFFICE USE ONLY			
Licence No:	Licence Valid To:	Licence Produced:	

LICENCE COST \$35

Card Number: _____

Exp date ____/____

Name on Card: _____ Signature _____