

NEW & RENEWALS OF PRACTICE LICENCE FORM

NB: Each application must be made on a separate Form.

PLEASE PRINT CLEARLY

First Name

Family Name

Age Group of PRACTICE licence required: **Senior Junior Junior ClubSport Junior Restricted Cadet**
(Please circle one)

NAME of CLUB of which you are a financial member: _____



Proof of current membership of an Affiliated Club is required to be furnished when applying for a Practice Licence.

Note: A receipt is only acceptable if it is stamped with the Club name and signed by a Club Official.

DATE of BIRTH: _____ EMAIL: _____

TELEPHONE: _____ MOBILE: _____
Area Code Telephone Number

OCCUPATION: _____ EDUCATIONAL INSTITUTE/SCHOOL: _____
Occupation/Student Name of Educational Institute/School (if student)

RESIDENTIAL ADDRESS: _____
House Number - Street

Suburb Town/City Postal Code

POSTAL ADDRESS (if different from Residential Address)

Suburb Town/City Postal Code

FOR APPLICANTS UNDER 18 YEARS

I, _____, being the parent/legal guardian of the above applicant, hereby consent to the granting of his/her application.

Signature: _____ Date: _____



NB Please remember to include a copy of your Birth Certificate if under 18 years and this is your first licence application.

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HEALTH & DISABILITY DECLARATION FOR:

UPDATED 14 July 2016

PLEASE PRINT CLEARLY

First Name: _____ Family Name: _____

DOB: _____ Sex: _____ When did you last have a medical examination (date)? _____

Name of your regular doctor: _____ Phone : _____

Address of your regular doctor: _____

	CIRCLE ONE	
Have you ever been rejected or accepted at an increased premium for life insurance on medical grounds?.....	YES	NO
Do you wear dentures?.....	YES	NO
Have you ever been treated for, do you now have, or have you ever had, any of the following?:-		
• Nervous breakdown, mental disease or disorder.....	YES	NO
• Head injury with unconsciousness or concussion.....	YES	NO
• Heart disease or disorder.....	YES	NO
• High blood pressure, anaemia or blood disease.....	YES	NO
• Diabetes.....	YES	NO
• Dizziness, fainting spells, fits or blackouts.....	YES	NO
• Allergic reactions.....	YES	NO
• Have you ever had any disease, injury or operation to either eye.....	YES	NO
• Have you any abnormality to any part of the upper or lower limbs.....	YES	NO
• Is your hearing impaired in any way?.....	YES	NO

If the answer to any of the above questions is YES, please provide further details:

List any illness or accident not stated above (If an accident please note your ACC number if applicable):

If you are currently receiving any medical treatment, please give details:

Is your eyesight normal in both eyes? YES NO

If you answered NO:

Is your eyesight normal in both eyes with glasses or other correction? YES NO

Is it necessary for you to wear glasses or contact lenses when driving?..... YES NO

Is your colour recognition normal?..... YES NO

If the answer is still NO please supply further details:

DECLARATION BY APPLICANT: I certify that the statements made by me to KartSport New Zealand, regarding my psychological and physical condition and any previous illness are true and accurate. I undertake that I will not use any drug considered to be illegal. I authorise any hospital or medical practitioner to furnish information relative to my medical condition to the KartSport New Zealand appointed Medical Officer, The Order of St John personnel or other qualified first aid personnel acting in their official capacity at any KartSport New Zealand event.

Signature of applicant: _____ date: _____

Signature of parent or guardian if applicant is under 18 years of age: _____

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INDEMNIFICATION & DECLARATION

UPDATED 14 July 2016

PLEASE COMPLETE FOR ALL NEW APPLICATIONS

Have you ever held a kart licence prior to this application? *(Please circle.)*

YES

NO

If so, state the Licencing Authority and date issued: _____

How did you hear about karting? *(Please circle.)* KartSport Website, Facebook, TV Programme, TV Ad, Magazine Ad, Friend, Family, Club Have-a-Go Day, Hire Kart, Other: _____

INDEMNIFICATION

I acknowledge and agree to accept as a condition of my Practice Licence that the FIA-CIK; MotorSport New Zealand; KartSport New Zealand; District, County or City Council; all sponsors and all or any members, officials or assistants of any of the above named and or known organisations, or their respective servants, officials, representatives, or agents shall not be under any liability whatsoever for any death or bodily injury, loss or damage which may be sustained or incurred as a result of my participation in any practice, howsoever such death or bodily injury, loss or damage is caused notwithstanding that such death, injury, loss or damage may have been contributed to or caused by the negligence of the Inviting Club or KartSport New Zealand or any of their respective officials, servants, representatives or agents or by any other person.

DECLARATION BY APPLICANT

I declare I will be conversant with and will abide by all current KartSport New Zealand rules, regulations, codes and specifications governing karting and that I will abide by any supplementary and/or Club rules which apply and the directions and rulings of KartSport New Zealand Officials and Club Officials without losing my right to protest or appeal. I declare that I have no medical condition that may impede my ability to drive a kart in Practice. I declare that my kart and driving apparel will comply with all respective KartSport New Zealand Rules and Specifications at all times.

I declare that should I, at the time of any practice to be suffering from any disability of any kind, whether permanent or temporary which is likely to detrimentally affect my control of my kart or my fitness to drive, I will not participate.

I declare that I will comply with KartSport New Zealand's Anti-Doping Code and Intoxicating Liquor rules.

I declare that the particulars supplied on this Application Form are true and correct in every particular.

I declare that I give consent to the collection of the details in this application, including the medical declaration by KartSport New Zealand for the purpose of a membership record and medical assessment and for KartSport New Zealand to retain and disclose these to affiliated Clubs, Sport New Zealand, funding agencies and sponsors if necessary. I acknowledge my right to access and correction of this information.

This consent is given in accordance with the Privacy Act 1993.

Signature of applicant: _____ date: _____

Signature of parent or guardian if applicant is under 18 years of age: _____

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PAYMENT OF FEE

UPDATED 14 July 2016

PRACTICE LICENCE FEE

Tax Invoice GST: ref: 13-667-737

\$30 (inclusive of GST) per annum

METHOD OF PAYMENT

(Please circle.)

CASH (please do not send cash via mail)

CHEQUE (please make cheque payable to KartSport New Zealand)

CREDIT CARD (please complete the following details) *(Please circle Card brand.)*

VISA

MASTERCARD

AMERICAN EXPRESS

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Security Code:

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Expiry:

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Name on Card: _____

SEND VIA COURIER ONLY TO:

KartSport New Zealand
Level 3, 45 Mt Wellington Highway
Mt Wellington, Auckland, 1060

SEND VIA MAIL ONLY TO:

KartSport New Zealand
PO Box 28219, Remuera
Auckland, 1541

INQUIRIES to: Competition Licence Secretary, Phone: 09 570 1393, Email: office@kartsport.org.nz

KARTSPORT NEW ZEALAND OFFICE USE ONLY

Date received: _____ Date Issued: _____ Expiry Date: _____

NEW

Cash/Cheque/ Credit Card: _____

Banking #: _____