Canadian Association of Rallysport

Affiliated to ASN CANADA FIA

Application for competition licence - 2006

COMPLETE ALL OF THE FOLLOWING. PLEASE PRINT CLEARLY.

Last name	First name	Middle name
Address		Apt. no.
City	Prov./State	Postal/zip code
Home phone no. ( )	Bus. phone no. ( )	Fax no. ( )
Prov./state of driver's licence	Country of birth	Birthdate (Y/M/D)
Driver's licence no.	E-mail address	
CARS affiliated club	First aid course given by	First aid expiry date

Applying for

_____ First issue

_____ Renewal

_____ Upgrade

____ Regional

____ National

___ Single event

_____
event name

Language preference English French

___ Driver ___ Co-driver

Previous licence

_____ Regional _____ National

Previous no.

Declaration and Waiver

I, the undersigned, hereby apply to the Canadian Association of Rallysport (CARS) for a motorsport competition licence. I undertake to submit to and be bound by the International Sporting Code of the FISA and the General Competition Rules of CARS. I certify that the information given above is correct.

In consideration of my being granted a competition licence, I acknowledge and accept (a) that my competition licence permits me to participate as a competitor only in the types of events for which I am so licensed; (b) that certain risks are inherent in such events and that by participating in such events I voluntarily run the risk of injury or loss of life; and (c) that it is a condition of my being so licensed I assume all such risks myself. I for myself, my heirs, executors, and administrators hereby remise, release and forever discharge the Canadian Association of Rallysport, its member clubs and regions, ASN Canada FIA, the owners, sponsors and drivers of other cars participating with me in any such event, the owners and occupiers of the premises on which any such event is run and all those having anything to do with the management or control of such premises or of the competing cars and service vehicles or of the event itself, their servants and agents of and from any and all actions, causes of actions, claims and demands whatsoever for any loss or injury suffered by me in any way arising out of or resulting from my participating in any such event, test, or practice therefore or from my being on such premises for or in connection with any event in which it is intended that I or my car participate, whether or not such loss or injury results wholly or partly from negligence on the part of any of the persons hereby released.

IN WITNESS WHEREOF I have hereunto set my hand at City _____,

Prov. _____, this _____, day of _____ 20 _____.

Signature _____

If applicant is under the Age of Majority, a Consent/Release by Parent or Guardian MUST accompany this application. (Available from CARS.)

Witness

Signature	Full name
Address	City/Prov.

Instructions to applicant

This form must be completely filled out, signed, witnessed and accompanied by the following documentation: completed medical or medical status form, a photocopy of current CARS affiliated club membership card, photocopy of both sides of valid driver's licence, photocopy of valid first aid certification, cheque or money order payable to CARS for the appropriate amount.

Regional - $165.85 National - $208.65 Single event - $90.95 (GST included - GST/HST #875609869 - HST extra)

Mail to: **CARS 595 Elm Road, Stouffville, Ontario, Canada, L4A 1W9**

CARS use only	Date issued	First Aid Dr.Lic.
Licence no.	Club Region	Medical 2005-CARS-lme