

Fleet Motor Club



Driver Application 2012'

If accepted by FLEET MOTOR CLUB, I agree to pay the minimum donation required, Read my Rule Book and abide by all rules and regulations laid down by F.M.C and S.T.A.R. I have also completed the required medical questionnaire. (On reverse side) *(Fleet Motor Club reserves the right to refuse any application without stating any reasons.)*

(Block Capitals Please)

Name 1..... (Driver)
 Race No..... Main Formula.....
 Name 2..... (Driver)
 Race No..... Main Formula.....
 Name 3..... (Driver / Parent)
 Race No..... Main Formula.....

Address.....

Post Code..... Contact Number/s.....

E-Mail Address.....

Occupation.....

Would your trade / services be available to F.M.C?

I agree to be bound by Fleet Motor Club rules. I also agree to save harm and keep indemnified Fleet Motor Club, its owners or lessees of any land used for this meeting and club officials, servants and representatives from and against all actions, claims and costs, expenses and demands in respect of death, injury or loss of or damage to persons or property of myself or mechanics as may be caused arising out of or in connection with my entry or my taking part in meetings, notwithstanding that the same may have been contributed to or acquisitioned by any negligence of said bodies their officials, representatives or agents. I will attend the Drivers briefings and have been made fully aware of the DANGERS to me as a result of my participation in events.

Signatures 1 2..... 3.....

Drivers aged 10 to 17 years *(Additional information needed)*

Name..... D.O.B AgeYrs

Name D.O.B..... AgeYrs

Proven with Birth Certificate / Passport

Parent / Guardian Signature *(For all under 18 yrs)*.....

Juniors Falling in line with national limits, The minimum age to apply for a racing licence is 10 Years, up to and including 17 Years. You may remain a junior until end of the season or 17th birthday, or move up. Minimum age for an ADULT competition licence is 17 Years. Minimum age for a Banger driver is 18 years. A Letter of consent from a Parent or Guardian and a copy of the appropriate Birth Certificate should be sent with any transition application. Proof of age required. Photo id must be shown if asked.

New Drivers will be allocated a Race Number, unless one is specified above & available... Previous Season's Drivers Will keep that Race Number, unless a change is required. Drivers, Must Supply a Passport size photo with your application to update records.

Membership Fees.

All Drivers *(All Groups)* £50 each

Licence Rule Books Required - 1 [] 2 [] 3 []

Total Amount Enclosed £.....

Medical Questionnaire for 2012 Race Competitors

You are required to answer all of the questions. This information is for medical crew should they need to assist you at any time whilst on site. Please keep us upto date.
This ensures you receive the best available treatment from the team.

1. Do you have any allergies?
If yes please state
2. Do you suffer from or have you had any previous back injury?
If yes please state when & give details.
3. Do you suffer from or have you had any injury to your neck?
If yes please state when & give details.
4. Do you suffer from any form of blackouts? i.e. epilepsy etc.
If yes please give details
5. Have you any previous broken bones, fractures or displacements?
If yes please give details.
6. Do you suffer from any heart condition? i.e. Angina etc
If yes please give details
7. Do you suffer from Blood Pressure?
if yes, how long have you had this condition?
Do you take medication for this, if so, what?
8. Do you suffer from Diabetes?
If yes how long have you had this condition?
Do you take medication for this, if so, what?
9. Please give details of any other medical conditions not previously mentioned
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10. Do you take any medication not previously mentioned? i.e. Aspirin
If yes, please state what
How often do you take these? i.e. (1x 3 times a day etc.).....

Please advise us of a person to contact in a medical emergency.

Name.....

Tel **Relationship to you**

(We may require a letter from your GP verifying your medical ability to participate in the club activity.)

Declaration

I declare that the information I have given is true. I will notify the club of any medical conditions that may occur in the future.

Signature Date

Ensure you have supplied contact details requested above. (IN BOLD)
Please Return the Completed Application Form with the Appropriate Donations to
R/C on a race day, Or
Post it to: - F.M.C 448 SELBORNE AVENUE, ALDERSHOT, HANTS. GU11 3RH
Or - Blacks Lake, Paices Hill Rd, Aldermaston, Berks. RG7 4PG
All Cheques Made Payable to > FLEET MOTOR CLUB.