

SOUTHERN AUTOSPORT ASSOCIATION LTD



MEMBERSHIP RENEWAL FORM 2010

	FULL NAME	DATE OF BIRTH	RACE/MEMBERSHIP NUMBER
APPLICANT			
SPOUSE/PARTNER			
Children (under 16 years of age)			
"			
"			
"			
"			
"			
Children (under 18 in full time education)			
"			

IMPORTANT: You must allow 10 days for your membership application to be processed.

Please complete and send with your cheque, payable to
SOUTHERN AUTOSPORT ASSOCIATION LTD.

(If applying for a Competition Licence please enclose 2 passport size photographs) to
Eileen Stephenson, Dept. for P. F., Park Place, Winchester Road, Wickham, Hants PO17 5HA
Telephone: 01329 317753

Please enclose a large self-addressed envelope with 2 second class stamps attached
if you want your membership posted to you.

PART 1 - TO BE COMPLETED BY ALL APPLICANTS

Membership - (Family or Single) Held Since _____

Full Address			
Post Code:		Telephone No.:	
Mobile No.:		Email	

First Aid Qualified	Yes or No	Are you able to offer First Aid if required	Yes or No
Certificate Number		Copy Attached	Yes or No

Please circle Yes or No as appropriate

It is a condition of membership that every member should be prepared to assist in the organisation of the meetings.

Signed: _____ Date: _____

FEES (from 1st January, 2010)

Membership Category	Fees	In addition each member will pay a Gate entry fee of £4.00 per meeting. The signing on fee to race is £5.00 per group	Amount
Family	£40.00		
Single	£30.00		
O.A.P.	£15.00		
Competition Licence*	£10.00		
	Total enclosed		£
*Please note that your Membership Cards will not be issued until you have attended a Work Party prior to the start of the season or agreed the work you will do during the season with the Race Committee Chairman			

I enclose Cheque/Postal Order/Cash in respect of Membership for year ending 31st December, 2010. £ _____ (Cheques payable to Southern Autosport Association Ltd)

APPLICATION FOR ASSOCIATION COMPETITION LICENCE

(To be completed by those applicants wishing to drive only)

I apply for a Southern Autosport Association Competition Licence and certify that I hold the appropriate Road Driving Licence as shown below or have inserted the words not applicable if I do not currently hold a driving license or am under the age of 17:

Current Driving Licence No.:	
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Racing Group(s)	
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MOTOR SPORTS CAN BE DANGEROUS AND MAY INVOLVE INJURY OR DEATH

Read carefully before signing to ensure you agree.

1. The answers given by me in this licence application are true.
2. I fully understand the type of the events which the licence allows me to enter and the rules and regulations that apply to such events and to competitors and will comply with them.
3. I will ensure that before I enter any event I am competent to compete and that any vehicle that I use is safe and fit for the competition and nature of the course.
4. I will satisfy myself (by sighting lap or otherwise) before taking part that the venue and track is acceptable to me with regard to its features and physical layout (unless prohibited to do so).
5. I will NOT enter or take part in any competition where I have a doubt as to my safety.
6. I will tell you immediately if, for any reason, I believe that I am no longer able to satisfy the terms of this licence or I become aware that I have become unable to compete due to physical or other disability.
7. I agree to accept the risks of injury and death that are inherent in motor sports and agree to take part at my own risk.
8. If under the age of 18, my parent / guardian has read the above and signed the declaration and agreement below.

Signed _____ Date _____ Race Number _____

PARENT / GUARDIAN DECLARATION AND AGREEMENT

You must read the answers given by the applicant and agree to the terms below which create obligations on you before a licence can be issued.

- a) I _____ (print name) am the Parent/Legal guardian of _____
- b) I have read the application for a competition licence completed by him/her, and confirm the truth of his/her answers.
- c) I confirm that he/she is competent to compete in motor sport events permitted by the licence applied for and that both he/she and I are aware of the dangers.
- d) I will ensure that he/she complies with the declaration signed by him/her and will satisfy myself as to the safety of his/her machine and the safety of the venue before allowing him/her to take part.
- e) I also hereby AGREE that in consideration of you granting a licence that if the applicant should sustain any injury from any cause whilst taking part in a competition and as a result bring a claim for compensation against you or the organisers or officials or sponsors or entrants or owners of the venue
I WILL INDEMNIFY AND PAY BACK TO YOU any sum which you may be required to pay as a result of such claim.

Signed _____ Date _____

Address (if different from applicant) _____

Completing this form will be viewed as "informed consent" for your personal details to be stored on the membership database in accordance with the principles set out in the Data Protection Act 1998. This data will be used to communicate club news and associated information to its members only and will not be sold or passed on to any other organisation.

MEDICAL DECLARATION

(All applicants for a Competition Licence must complete the following)

1.	Name & Address of your regular Doctor:	ANSWER YES or NO 2 to 6
2.	Have you ever been rejected or accepted at increased premium for life insurance on medical grounds.	
3.	<p>Have you ever been treated for, do you now have, or have you ever had, any of the following:</p> <p>(a) Nervous breakdown, mental disease or disorder</p> <p>(b) Head injury with unconsciousness or concussion</p> <p>(c) Heart disease or disorder</p> <p>(d) High blood pressure</p> <p>(e) Diabetes</p> <p>(f) Dizziness, fainting spells, epilepsy, fits or blackouts</p> <p>(g) Have you ever had any disease, injury or operation to either eye.</p> <p>(h) Have you any abnormality of any part of the upper or lower limbs.</p> <p>If the answer to any of the above is YES please supply further details on a separate sheet.</p>	
4.	<p>Is your eyesight normal in both eyes?</p> <p>If the answer is NO - is your eyesight normal in both eyes with spectacles or other correction?</p>	
5.	If immunised against tetanus and state date _____	
6	Any other medical details or disability you think may be relevant to your application?	
If the answer to Questions 2, 3 or 6 is yes please supply further details on a separate sheet		

I certify that the statements made to the S.A.A. regarding my psychological and physical condition, and any previous illnesses are true and accurate.

I understand that it is a requirement of my membership that I must inform the Executive Board of Southern Autosport Association Limited immediately of any change in my medical condition that may occur throughout the current membership year and that I will also state any relevant details if I renew my membership in the future.

I undertake that I will not use any drug or substance considered to be illegal at any SAA event.

I authorise any hospital or medical practitioner to furnish information relative to my medical condition to the Executive Board of Southern Autosport Association.

Applicants signature _____

Date: _____