



Level RNSE Licence Application

(Single Event Use Only)

Received Stamp Here
(office use only)

Type of Event

This licence is for use at a single Rally event of club or multi-club status for a **Navigator Only**.

Licence Cost

\$67 – use **ONLY** credit card or cheques made out to CAMS Ltd. (if applying by post).

Use cash, credit card or cheque if applying at your State Office.

Section 1A – Personal Details (begin completing form here)

Surname:

Given names:

Australian Residential Address:

Town/Suburb: Post Code:

Telephone: Work: () Home: () Mobile:

Fax: ()

Email:
Email is used to inform CAMS members of news and updates and is not given to any third party.

Date of birth: / / 19

Gender: Female Male

Emergency contact (1): Name: Phone: ()

Emergency contact (2): Name: Phone: ()

Section 1B – CAMS-Affiliated Club Membership

Please list the CAMS-affiliated car club(s) of which you are a member (no abbreviations):
Note: it is compulsory for all CAMS competition licence holders to be a member of a CAMS-affiliated car club.

Full name of club (1): State:

Full name of club (2): State:

Section 1C – CAMS Event Details

Please enter the CAMS Permitted Event you wish to compete in.
(Please enter the full title and Permit number).

Event title:

Permit number: / /

Now...continue to **section 2**

Office Use Only

CAMS Member Number:

Receipt No: Date: / / Amount: \$

Section 4 – Health Statement

Step 1 – Statement

(Tick appropriate boxes)

4.1 Have you ever been rejected, or accepted at an increased premium, for life insurance on medical grounds? Yes No

4.2 What is your regular/preferred doctor's name and address?

Name:

Address:

Town/Suburb: Postcode:

Have you ever been diagnosed as having, and/or have had treatment for:

4.3 A psychiatric or psychological illness? Yes No

4.4 Head injury , epilepsy , seizure or loss of consciousness ? Yes No

4.5 Heart or lung disease, including infection , blood vessel disease or hypertension ? Yes No

4.6 Cancer , diabetes , kidney , liver , gastrointestinal , thyroid or blood disorders? Yes No

4.7 Eye disease , Double vision ? Yes No

4.8 Allergies or side effects of medications? Yes No

4.9 Are you currently taking any medications, including self medications or alternative therapies, orally or by injection? Yes No

4.10 Have you had surgical procedures involving heart , lung , abdomen , brain , and bones and joints , or any other area , or any significant illness, psychological or physical in the past? Yes No

If you answered 'Yes' to any of the questions above, please supply further details below (including **dates, duration, treatments and outcomes of condition(s), continuing therapies and names of drugs and dosages** currently taken).

Attach another sheet if you require more space than is available.

Note: Some medication will require a therapeutic use exemption under the CAMS Anti Doping Policy please refer to the web site for clarification.

4.11 Are there any problems with your vision in either eye for distant vision?
If you answered 'No' Go to question 4.13 Yes No
Go to **question 4.13**

4.12 Is your eyesight correctable in both eyes with spectacles or other correction?
If you answered 'No' please supply further details in the space below: Yes No
Enter detail

4.13 Are there any changes in your health since your last Health Statement or CAMS Medical Examination?
If you answered 'No' Go to step 2. Yes No
Go to **step 2**

4.14 Please provide details of changes to medical status:

Go to **step 2**

Step 2 – Declaration

I declare that the information I have provided is true, accurate and complete and there are no other factors of which I am aware which would affect this application in any way. I undertake to provide any further information should my medical situation change at any time during the period of the licence.

Applicant's
signature:

SIGN HERE

Date:

/ /

Now continue to **section 5**

Section 5 – Declaration

Statement to be read and completed by applicant:

I agree to be bound by the rules and regulations of the event and the provisions of the National Competition Rules of the Confederation of Australian Motor Sport Limited (“CAMS”) and the International Sporting Code of the Federation Internationale d’Automobile (FIA).

In exchange for being able to attend or participate in the event, I agree:

- to release CAMS and Australian Motor Sports Commission Ltd, promoters, sponsor organisations, land owners and lessees, organisers of the event, their respective servants, officials, representatives and agents (collectively, the “Associated Entities”) from all liability for my death, personal injury (including burns), psychological trauma, loss or damage (including property damage) (“harm”) howsoever arising from my participation in or attendance at the event, except to the extent prohibited by law;
- that CAMS and the Associated Entities do not make any warranty, implied or express, that the event services will be provided with due care and skill or that any materials provided in connection with the services will be fit for the purpose for which they are supplied; and
- to attend or participate in the event at my own risk.

I/we acknowledge that:

- the risks associated with attending or participating in the event include the risk that I may suffer harm as a result of:
 - motor vehicles (or parts of them) colliding with other motor vehicles, persons or property;
 - acts of violence and other harmful acts (whether intentional or inadvertent) committed by persons attending or participating in the event; and
 - the failure or unsuitability of facilities (including grand-stands, fences and guard rails) to ensure the safety of persons or property at the event.
- Motor sport is dangerous and that accidents causing harm can and do happen and may happen to me.

I accept the conditions of, and acknowledge the risks arising from, attending or participating in the event and being provided with the event services by CAMS and the Associated Entities.

I understand that this disclaimer is not intended to exclude any valid claim I may have under the CAMS Personal Insurance Scheme.

I certify that the statements made to CAMS regarding my psychological and physical conditions and any previous illness are true and accurate.

I declare that, should any medical condition arise which would impact on my ability to participate during the currency of this licence, I agree to abstain from exercising the privileges of this licence and to notify CAMS and submit to further medical examination, the results of which are to be forwarded to CAMS’ medical assessor. I undertake not to use any drugs or medication that might be considered illegal and/or use any drugs, medications or practices which contravene the CAMS Anti-Doping Policy. I agree to undertake any drug analysis tests, including any for alcohol that may be considered necessary by CAMS. I authorise any hospital or medical practitioner to furnish information relevant to my medical condition to CAMS’ medical assessor in order to determine competition fitness.

FIA requirement: I undertake to make no use of drugs or of prohibited methods such as are defined in chapters I, II, III of Appendix A of the Anti-Doping Code of the Olympic movement (on the recommendation of World Anti-Doping Agency) and the Anti-Doping Regulations of the FIA.

For female applicants: I agree to abstain from exercising the privileges of this licence while pregnant.

Any applicant making a false declaration is liable to refusal and cancellation of licence and/or insurance cover

Applicant’s
signature:

SIGN HERE

Date:

/ /

Section 6 – Consent Statement For Applicants Under 18 Years

Are you under 18 years of age? Yes, Parent/Legal guardian to sign below No, You do not need to sign below

Consent Statement for applicants under 18 years:

I, (print full name) of (print address) am the parent/ guardian of the above-named (“the minor”) who is under 18 years old. I have read this document and understand its contents, including the exclusion of liability and assumption of risk, and have explained the contents to the minor. I consent to the minor attending/ participating in the event at his/her own risk.

Parent/Legal
Guardian signature:

SIGN HERE (if applicable)

Date:

/ /

Section 7 – Privacy Statement

CAMS requires the information requested above to assess your application and if accepted, to provide you with membership services. Your personal information, including your health information, will only be used in accordance with the objects of CAMS and CAMS general business. You will be able to access your personal information through CAMS upon reasonable notice. If the requested information is not provided you will not be able to receive membership services. By providing the information you consent to CAMS collecting the health information requested in this application form.

I consent to my personal information being used by CAMS’ sponsors or other third parties for the purpose of providing me with promotional material from CAMS’ sponsors and other third parties. Please tick the box if you do not wish to receive any promotional material from CAMS’ sponsors or other third parties.

Please return to: CUSTOMER SERVICES, PO BOX 427, CAULFIELD EAST, VIC 3145