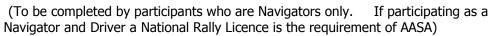
AUSTRALIAN AUTO-SPORT ALLIANCE PTY.LTD NAVIGATOR RALLY LICENCE APPLICATION





JRNAME: CHRISTIAN NAMES:						
ADDRESS:						
	Postcode:					
DATE OF BIRTH:	AUSTRALIAN CITIZENSHIP YES NO					
	If No, Nationality on Passport:					
TELEPHONE: Home:	Work:					
Mobile: Em	nail:					
Emergency contact: Name:	Telephone:					
PARENTAL/LEGAL GUARDIAN CONSENT – for applicants from the	e age of 16 years old and under 18 years old:					
FULL NAME:	SIGNATURE:					
Has applicant navigated in a motor racing event in the last 12 months If yes, name of last event competed in	? YES NO					
The attached Medical Declaration is to be completed returned	l with this application.					
LICENCE FEE SCHEDULE NAVIGATOR RALLY LICENCE \$60.00. Forward this application w	vith your payment to; AASA, P O Box 249, Benalla. Vic. 3671					
PAYMENT DETAILS Cheque payable to Australian Auto-Sport Alliance Pty. Ltd. enclosed for \$						
Cheque payable to Australian Auto-Sport Amance Pty. Etc. enclosed for 5						
or charge that amount to my	MC Expiry/					
Sign	ature					
Office Use Only:						
Date application received Licence No:	Date mailed:					
Receipt No Entered dBase:	Renewal Due:					

AUSTRALIAN AUTOSPORT ALLIANCE PTY. LTD MEDICAL DECLARATION



Information given in this statement will be treated in total confidence although the Chief Medical Officer, upon examining this document, is obliged to advise the Organiser of the Event if, at any time, a participant's medical condition poses an unacceptable risk to that individual or to a co-driver, spectator, race official or any other person attending the Event.

according the Event.	CURRENT RO	DV WEIGHT	Lea (Uh. a	UETOUT	/ i
AGE years	CURRENT BO	DY WEIGHT	kg/lbs_	HEIGHT	cms / ins
<u>VISION</u>					
While driving, do you w Do you have any proble			vision?		s / No s / No
Details:					
<u>MOBILITY</u>					
Do you have any restriction of movement in your limbs? Do you have any restriction of your ability to enter or leave your vehicle?					s / No s / No
Details:					
<u>MEDICAL</u>					
Have you ever suffered	from any of the fo	ollowing – pleas	se circle Yes / No -		
Any nervous disorder in neurasthenia or anxiety	•	Yes / No	Fits, convulsions, turns, blackouts, Yes / No fainting or giddiness		
Headaches		Yes / No	Deafness or noises in the ear		
Head injury or concussion		Yes / No	Earache or discha	Yes / N	
Tuberculosis or lung tro		Yes / No	Chronic Sinusitis	Yes / N	
Rheumatic Fever or Hea		Yes / No	Any surgical opera	Yes / N	
Indigestion, gastric or d Kidney or bladder troub		Yes / No Yes / No	Any injuries relate Any other injuries	Yes / N Yes / N	
Diabetes	ie .	Yes / No			
Anaemia or other blood	disease	Yes / No	Any illnesses not already mentioned Yes / Any known allergies Yes /		
If Yes to any of the abo	ve, give full detail	5:			
<u>MEDICATION</u>					
Please list all medication and health shop prepare		taking while at	tending the event -	- include prescrip	tion, over the cou
Name of Drug		Streng	Strength Number taken per day		
I certify that this is a tru	ue statement of m	v medical cond	ition. I will advise t	the CMO of any s	ubsequent medic

problems that may arise or any medical treatment that may affect my ability to participate in this event.

DATE

SIGNED