



2018 OCRDA Licence Application

All OCRDA members wishing to take part in Offshore Circuit Racing must hold a valid licence issued by OCRDA or other recognised authority.

1. **APPLYING FOR YOUR LICENCE** Once you have completed all the required elements, you must return your form and all accompanying paperwork to OCRDA.

2. **DECLARATION OF MEDICAL FITNESS TO RACE**— licensed competitors are required to complete the medical declaration (below) on an annual basis with this application.

 After you have been issued with a licence it is important to let us know if your level of fitness has declined during the season, either through accident, injury or illness. It is imperative that you are fully fit before participating. PLEASE THINK CAREFULLY BEFORE PARTICIPATION.

3. Should you be involved in any accident during an event that requires medical assistance your licence may be withdrawn pending a Medical Professionals note confirming fitness to race.

4. **POWERBOAT RACE NUMBER, Log Book / Registration Form**
 Please fill out the required information on the relevant form and confirm the race number you would like to apply for which if available will be confirmed back. Please remember to return this request with your licence application form.

COMPETITOR DETAILS – PLEASE COMPLETE IN BLOCK CAPITALS	
Title (Mr, Mrs, Ms)	Date of Birth:
Full Name:	Age in Years:
Address:	Sex:
	Mobile No:
	Home No:
Post Code:	Email:

If this is a new Licence application, please enclose 2 Passport size photographs (2 x 1 ½ inch). If you are renewing your licence and your picture is still a good resemblance of you then there is no need to send any photographs.



OCRDA - SELF DECLARATION MEDICAL FORM FOR COMPETITORS AGED 18 –60

**PLEASE NOTE: Competitors under 18 or over 60 years of age at time of application MUST fill
in a different application and have a full Medical**

1. The purpose of this form is to obtain a factual report of your state of health and medical history and to indicate your fitness to participate in the Event. Should you need to complete a full medical due to age or existing medical conditions please request the Medical Declaration and Examination form from OCRDA or download from the web site.
2. This form is designed to be completed by yourself and does not require to be signed by your doctor, however, if you have doubts about any aspect of your fitness (including eyesight), you may wish to discuss these with your doctor before you complete the form.
3. If you tick 'YES' in any of the boxes in this questionnaire or you have added qualifying remarks, your form may require further assessment by a Medical Professional and you may be asked to submit to a formal medical examination.

Any assessment may initially be in the form of a telephone call enquiry who may only need to endorse this form on your behalf along with a written confirmation of your statements to the Assessor. It is likely a fee will be charged for this service.

Additionally, the Medical Assessor may require a statement from your GP and/or to see you for an examination (again a fee may be payable). Should you be passed fit to race, you will need to obtain from them a completed Certificate of Fitness to Race with an expiry date, or a statement that further medical assessment is not required.

You should attach a copy of the Certificate of Fitness to Race to this form and submit it with your Licence Application. Please ensure you retain the original of the Certificate of Fitness to Race as you may need to provide copies for future annual declarations.

4. It is your personal responsibility not to start in or to continue to participate in a powerboat race if you are or become temporarily or permanently unfit to do so from illness or injury.
5. Data Protection: The information collected on this form will be used by the Organising Club for dealing with you as a participant in the Event and for administration of the Event. In the case of incident or an emergency the Organising Club may disclose this information to the emergency services.
6. OCRDA reserve the right to refuse an application or suspend a licence if they feel the individual is unfit to race for whatever reason.

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Part A - Personal Details

Full Name		Date of Birth	
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Part B – Medical History

Please answer the following questions as appropriate. If you answer “Yes” to any of the questions, please provide details in the box at the bottom of this section.

<i>Have you suffered from any dislocations within the last 12 months?</i>		
<i>Have you ever been treated for a fractured limb?</i>		
<i>Do you have any abnormality or restriction of power or range of movement of any arm or leg or of the cervical (neck or spine)?</i>		
<i>Do you have a history of any back and/or neck problems?</i>		
<i>Have you had a coronary thrombosis (heart attack) or have undergone heart surgery?</i>		
<i>Are you liable to epileptic seizures, fits, dizziness (vertigo), fainting attacks or blackouts of any duration?</i>		
<i>Do you suffer problems with heart rhythm, or have a disease of the heart or arteries?</i>		
<i>Do you have abnormal blood pressure that is not well controlled with drugs?</i>		
<i>Do you have diabetes?</i>		
<i>Have you had a stroke, or unexplained loss of consciousness?</i>		
<i>Have you had a head injury associated with unconsciousness or concussion which required a stay in hospital for observation or investigation?</i>		
<i>Do you suffer from Parkinson’s disease or multiple sclerosis?</i>		
<i>Do you suffer from claustrophobia?</i>		
<i>Are you being treated for psychological or nervous problems?</i>		
<i>Have you had an alcohol or drug dependency problems within the last 5 years?</i>		
<i>Do you have profound deafness or any other impairment which affects your ability to communicate clearly by intercom/radio/telephone?</i>		
<i>Have you suffered any disease of or injury or operation to either eye?</i>		
<i>Do you have any problems with the sight in either of your eyes</i>		
<i>When racing with do you wear glasses or contact lenses?</i>	Glasses	Contact Lenses
<i>Do you suffer from double or tunnel vision?</i>		
<i>Are you taking any medication on a regular basis (prescribed or non-prescribed)?</i>		
<i>Do you have any allergies?</i>		
<i>Do you have any other condition which could have an adverse effect on your ability to participate in the Event?</i>		
<i>Do you smoke, have a high cholesterol level or a family history of heart problems?</i>		

If you have any additional information you would like to provide to support this Medical Form or in response to the above questions, please use the space below:

PART C - DECLARATION

I declare that I have checked the details given on the above form and that to the best of my knowledge and belief they are true and correct. I also authorise the OCRDA to disclose the information in this form to an independent Medical Professional Assessor and agree to submit to a medical examination if requested.

Name _____

Signature of Applicant _____ Date _____