



BKC LICENCE 2018 APPLICATION FORM

Please complete this form to apply or renew a BKC competition licence. If you have any questions or need help filling in this form please call Darren Beavers on 07977 398 264

Section 1 - Parent or Guardian details

Please write clearly in BLOCK CAPITALS

Surname:

First name(s):

Address:

Postcode:

Email address:

Telephone Numbers:

Nationality:

Date of Birth:

Section 2 - Driver details

Please write clearly in BLOCK CAPITALS

Surname:

First name(s):

Address:

Postcode:

Email address:

Telephone Numbers:

Nationality:

Date of Birth:

Gender: Male: Female:

BKC Class: Comer : Iame Bambino : Iame InterKart: Honda InterKart:

Driver Signature

SIGN HERE

Parent or Guardian's Signature:

PARENT/GUARDIAN SIGN HERE
(if applicable)

Parent or Guardian's relationship to Applicant:

Date:

Date:

Parent or Guardian's Name:

Driver photo

PLEASE FIRMLY ATTACH A PHOTOGRAPH HERE IF REQUIRED (SEE BELOW). PLEASE PRINT YOUR FULL NAME AND DATE OF BIRTH ON ITS REVERSE.

p or g photo

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Section 3 - Medical Details

All questions below MUST be answered by all competitors regardless of age and whether a medical is needed or not. Failure to complete this section may result in your application form being returned to you.

- 1) Have you been prescribed or are you taking any of the substances shown in the World Anti-Doping Agency listings?
- 2) Do you have a physical problem with, or permanent difficulty in, using your arms or legs for driving?
- 3) Do you have any congenital abnormality of any limbs, or amputation, or any other disability?
- 4) Have you had any surgical procedures within the last 2 years?
- 5) Have you ever been refused life assurance for medical reasons?
- 6) Have you ever had any disease or disorder of the eye other than needing glasses or contact lenses?
- 7) Are corrective lenses (contact lenses or glasses) prescribed for use whilst driving?
- 8) Have you ever been treated for a heart disease or a heart disorder?
- 9) Have you ever been treated for high blood pressure?
- 0) Have you ever been treated for diabetes?
- 1) Have you ever been treated for severe giddiness, fainting spells or blackouts?
- 2) Have you ever been treated for epilepsy?
- 3) Have you ever been treated for seizures or any other neurological conditions?
- 4) Have you ever been treated for a severe head injury which led to concussion or unconsciousness?
- 5) Have you ever been treated for a psychiatric illness, mental disorder including treatment for depression or any behavioural problem including ADHD, Autism and Aspergers Syndrome?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
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If you have ticked 'Yes' to any of the above, please give detailed information in the box below. It may be necessary for you to provide a written medical report from your General Practitioner or Specialist.

List the **date and details** of any medical issues or surgical procedures declared above. Also list the **name of any medication/treatment** you received or are receiving:

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I declare the above information is true and accurate at the time of signature and should the position alter throughout the course of the championship I will immediately bring such changes to the attention of the BKC

Parent or Guardian's Signature:

PARENT/GUARDIAN SIGN HERE
(if applicable)

Date:

 / /

Parent or Guardian's Name:

LICENCE FEE: **£29.95**

Please return completed forms to:

Bambino Kart Club Ltd
28 Cordon Crescent
Earls Barton
Northants
NN6 0PW

Once processed an invoice will be raised and emailed to the parent/guardian email address specified above. Licences will be issued once payment has been received.

Please note that drivers will not be permitted on track at any BKC event until Licence applications have been received and processed.