



CHECK LIST – documents required to accompany Drivers License Application.

Applicant under 19 years old.

- 1) ASN Canada Medical History Self Declaration completed and signed by the parent or legal guardian.
- 2) Annual Parental Consent Waiver signed by parents or legal guardians.
- 3) Minor Participant Waiver signed by the applicant and witnessed.
- 4) Driver's License Application signed by the applicant, the parent/guardian and two members of the club license committee.

Applicant, over 49 years old.

- 1) ASN Canada Medical History Self Declaration completed and signed by the applicant.
- 2) Driver's License Application signed by the applicant and two members of the club license committee.

Applicant 19 to 49 years old.

- 1) ASN Canada Medical History Self Declaration completed and signed by the applicant.
- 2) Driver's License Application signed by the applicant and two members of the club license committee.

Note: Drivers are required to keep photocopies of all signed license applications, medical forms, insurance waivers and parental consent forms as their interim license and evidence of compliance.



DRIVER'S LICENSE APPLICATION
AND LICENSE UPGRADE FORM

20 __ __
Year of Application

Name _____ Birthdate: _____ Age _____

Address _____ Telephones: Home _____

City _____ Work _____ Fax _____

Prov. _____ Postal _____ Email _____

Home Club _____ Novice: Yes _____ No _____ Expiry Date _____

Application for New License _____ or License Upgrade from a _____ License to _____ License.

I hereby apply for a SIKA license under the following category (mark with "X")

<u>GRADE</u>	<u>AGE</u>	<u>COST</u>
Novice Junior _____	7/8 - 15	\$30.00
Junior _____	7/8 - 15	\$20.00
Novice Senior _____	15/16+	\$30.00
Senior _____	15/16+	\$20.00

Junior Upgrade _____ \$ 10.00 Senior Upgrade _____ \$ 10.00

To the Parent/Guardian of a Kart Racer Applicant Under the Age of Nineteen:

If a kart racer is under the age of nineteen when applying for a SIKA license, a parent or legal guardian, must submit all information required in this document, as well as the "Parental Consent, Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement" and the "Minor's Assumption or Risk Acknowledgement". By their signature, the Parent or Guardian agrees to assure that the minor applying for this license has read and fully understands 1.) this application form, 2.) the Parental Consent, Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement. 3.) the Minor's Assumption or Risk Acknowledgement. 4.) the General Karting Competition Regulations of ASN Canada FIA and 5.) any other appropriate forms and rules which may be required during the course of licensed competition activities. All of the above documents must be fully completed, understood and properly signed.

Upon acceptance of this application and issuance of a competition license by SIKA, the undersigned hereby agrees to be bound by the General Competition and Technical Regulations of ASN Canada FIA, SIKA and your member Club.

Signature of Applicant _____ Date: _____

Signature of Parent/Guardian _____ Date: _____

Club License Committee _____
(Two Signatures required) Member Member

IMPORTANT – Driver to keep a duplicate signed copy of this form as the temporary license until the license is issued by SIKA. Application must be accompanied by copies of all required medical, consent and waiver documents.



SOUTHERN INTERIOR KARTING ASSOCIATION



SIKA Driver's License Medical Examination Policy.

Effective Date: April 17, 2024

1. **SIKA Regional License Applicants over 19 years of age** are required to submit a completed ASN Canada FIA Medical History Self-Declaration signed by the applicant and, for applicants under 19 years of age, a parent or legal guardian.
 - a) SIKA or ASN Canada FIA reserves the right to request a medical examination by a physician from a license applicant at any time. Costs for any examination to be the responsibility of the applicant.

Medical Self-Declaration



Part 1: Applicants' Information:

Name: _____ Age: _____

Address: _____ Postal Code: _____

City/Province: _____ Gender: M F

Date of Birth: _____ Height: _____ Weight: _____

Wears Glasses: Yes No

Part 2: Applicants' Medical Self-Declaration

Have you been treated for, have you ever had, or have you now, any of the following: Yes, responses should be detailed on a separate sheet or the reverse of this page.

Conditions:	Yes	No
Frequent or severe headaches		
Unconsciousness for any reason		
Dizziness or fainting spells		
Epilepsy or Seizures		
Heart Trouble:		
Coronary Artery Disease or Angina		
Valve disease		
Abnormal Cardiac Rhythms		
High Blood Pressure		
Currently on Blood Thinner Medication		
Psychiatric/Mental Health Problems		
Operation(s) involving Eyes, Brain, Heart, Nerves, Blood Vessels, or Bones		
Allergies		
Eye trouble (except for glasses)		
Asthma		
Diabetes		
Anemia, or other blood diseases including abnormal bleeding		
Admission to a hospital in the past 12 months		
Any history of drug or alcohol abuse		
Been diagnosed with obstructive sleep apnea or narcolepsy		
Amputations and/or Physical disability		
Previous denial(s) from any sanctioning body, past or present due to medical reasons		
Date of last Tetanus Shot.		

List all Medications (include dosage and frequency taken):

Medical Self-Declaration



Part 3: Applicants' Declaration:

1. I declare that the information regarding my present state of health, given to the examining physician is correct.
2. I undertake not to use any substance included on the World Anti-Doping Agency list of prohibited substances and methods, which can be found here <https://www.wada-ama.org/en/content/what-is-prohibited>
3. I undertake to advise Sports Development Group (GDS) with delay of any significant change in my state of health
4. I agree to be re-examined as follows:
 - a. Upon the expiration of my current medical as required by the current competition rules.
 - b. Following any significant illness, injury or hospitalization.
5. I give permission to any hospital, institution, or physician, to furnish my medical information to GDS or Sports Development Group.

Applicant Signature: _____ Date

Signature of Parent/Guardian if applicant is under the of majority:

_____ Date