

Lanka Powerboat Association

Cinnamon Lakeside

Colombo

Sri Lanka

**Application for Provisional Licence**

1. COMPETITOR DETAILS (PLEASE USE BLOCK CAPITALS):	
Mr/Master/Mrs/Ms/Miss/	Date Of Birth:
Full Name:	Age in Years:
Address:	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
	Club Name:
Mobile Telephone Number:	Home Telephone Number
Email:	
Boat and Engine Number:	Team Name and Racing Number:
DO NOT FORGET TO ENCLOSE A PASSPORT SIZE PHOTOGRAPH	Signed:
	Date:
	FOR LPA OFFICE USE LICENCE NO:

SELF DECLARATION MEDICAL FORM

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. This form is designed to be completed by yourself and does not require to be signed by your doctor.

If you have any ticks in any of the “Yes” boxes in this questionnaire or you have added qualifying remarks your form may require further assessment by an LPA Medical Assessor and you may be asked to submit to a formal medical examination.

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.

Please answer the following questions. If you answer “Yes” to any of the questions, please provide details in the box at the bottom of this section.				
Have you suffered from any dislocations within the last 12 months?	Yes		No	
Have you ever been treated for a fractured limb?	Yes		No	
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)?	Yes		No	
Do you have a history of any back and/or neck problems?	Yes		No	
Have you had a coronary thrombosis (heart attack) or have undergone heart surgery?	Yes		No	
Are you liable to epileptic seizures, fits, dizziness (vertigo), fainting attacks or blackouts of any duration?	Yes		No	
Do you suffer problems with heart rhythm, or have a disease of the heart or arteries?	Yes		No	
Do you have abnormal blood pressure that is not well controlled with drugs?	Yes		No	
Do you have diabetes?	Yes		No	
Have you had a stroke, or unexplained loss of consciousness?	Yes		No	
Have you had a head injury associated with unconsciousness or concussion which required a stay in hospital for observation or investigation?	Yes		No	
Have you had an alcohol or drug dependency problems within the last 5 years?	Yes		No	

Do you have profound deafness or any other impairment which affects your ability to communicate clearly by intercom/radio/telephone?	Yes		No	
Have you suffered any disease of or injury or operation to either eye?	Yes		No	
Is your sight normal in both eyes?	Yes		No	
If the answer is no, is your eyesight normal with spectacles , contacts or other correction?	Yes		No	
When driving (racing) with correction do you wear glasses or contact lenses?	Contact s		Glass es	
Do you suffer from double or tunnel vision?	Yes		No	
Are you taking any medication on a regular basis (prescribed or non prescribed)?	Yes		No	
Do you have any allergies?	Yes		No	
Do you have any other condition which could have an adverse effect on your ability to participate in the Event?	Yes		No	

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 this space:

DECLARATION

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

Signature of Applicant_____

Date_____

- a) I will not take any action which brings the UIM, the LPA or the sport into disrepute.
- b) I agree to be bound by the rules of the UIM and the LPA. I confirm that my application meets these requirements.
- c) The medical self declaration form has been completed and signed.
- d) I have read and understood the General Racing rules in the Circuit Racing handbook and the class specific rules to which my licence refers.
I am aware that Local Authorities apply bye-laws and regulations and I agree to conform to such bye-laws and regulations when using their waters.
I am aware that non-compliance of any of the above rules and regulations could result in LPA disciplinary action.
To the best of my knowledge the information given on this form is correct and complete.
- e) **Identification of Risk**
I am fully aware and conscious of the actual and potential risks involved in active water sports, including drowning, hypothermia, physical injuries or death.
I accept that, by engaging in active water sports, my physical safety could be endangered. I am also aware that other competitors' actions, or inactions of the organisers of water sports events, including the drivers of safety craft, can also endanger my physical safety.
- f) **Acknowledge of Risk**
I acknowledge that it is up to me personally to assess whether any event or activity on the water is too difficult for me or my crew. I acknowledge that the safety of my boat and her entire management including insurance is my sole responsibility, and I am satisfied that the boat and crew are adequate to face the conditions that may arise in the course of the race.
I acknowledge that scrutineering does not constitute a condition survey of the craft and it is solely my responsibility to decide whether or not to start or to continue in any powerboat race. I acknowledge that the efficiency of the helmets and racing vests worn is solely my responsibility.

NOTE: THE LPA RESERVES THE RIGHT TO REFUSE THE ISSUE OF A POWERBOAT RACING LICENCE

APPLICANT'S SIGNATURE.....