



SUPER ONE BKC LICENCE APPLICATION FORM

Please fill in this form to apply for a Super One BKC competition licence. If you have any questions or need help filling in this form please call John Hoyle 07774646784, Darren Beavers 07977398264, Sonja Game 01869 320157.

Section 1 – Parent or Guardian details (if the driver is under 18 years old)

Surname	
First name(s)	
Address	
Postcode	
Email Address	
Telephone Numbers	
Nationality	
Date of Birth	

Section 2 – Drivers details

Surname			
First name(s)			
Address			
Postcode			
Email Address			
Telephone Numbers			
Nationality			
Date of Birth			
Gender	Male		Female
Super One BKC Class			Race Number

Please complete page 2

SUPER ONE BKC LICENCE APPLICATION FORM

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?	Yes	No
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) required for 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?		
10)	Have you ever been treated for diabetes?		
11)	Have you ever been treated for severe giddiness, fainting spells or blackouts?		
12)	Have you ever been treated for epilepsy?		
13)	Have you ever been treated for seizures or any other neurological conditions?		
14)	Have you ever been treated for a severe head injury which led to concussion or unconsciousness?		
15)	Have you ever been treated for a psychiatric illness, mental disorder including treatment for depression or any behavioural problem including ADHD, Autism and Asperger's Syndrome?		

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:

Driver Signature	Date
<div style="border: 1px solid black; height: 30px;"></div>	<div style="border: 1px solid black; height: 30px;"></div>
Parent or Guardian's Signature (if driver is under 18)	Date
<div style="border: 1px solid black; height: 30px;"></div>	<div style="border: 1px solid black; height: 30px;"></div>
Parent or Guardian's relationship to Applicant:	Parent or Guardian's Name:
<div style="border: 1px solid black; height: 30px;"></div>	<div style="border: 1px solid black; height: 30px;"></div>

Please email the completed form to: Sonja_super1@msn.com
 Or post to Sonja Game, Super One, 16 Graham Road, Bicester, Oxon, OX26 2HP