



PLEASE REMEMBER A COPY OF I.D. & MEDICAL AID CARD

NATIONAL LICENCE APPLICATION FORM

Personal Details

Title: Nationality: ID No.: / Passport

Surname:

Full Names:

Date of Birth: Place of Birth:

Postal Box: Town/Country:

Street Address:

Telephone Home Telephone Work

Cellphone Fax Number

E-mail Address

Club Membership

Medical Aid Scheme Medical Aid Number

Allergies Preferred Hospital in Case of Emergency

Emergency Contacts

All Licences includes 3rd party for the day

Licences valid for one code only. Any additional codes N\$150/code extra. Indicate code with ✓

LICENCE TYPE

International Licence <input type="checkbox"/> N\$1600	National Licence <input type="checkbox"/> N\$1000	Junior National <input type="checkbox"/> N\$800
Half Year Licence (Valid 1 July to 31 December) <input type="checkbox"/> N\$800	Entrant Licence <input type="checkbox"/> N\$500	
One Day Licence <input type="checkbox"/> N\$200	Club Licence (club events only) <input type="checkbox"/> N\$800	
For Example: National Licence for Circuit only is N\$1000, but for Circuit and Ovals is N\$1100.		
Circuit <input type="checkbox"/> N\$100	Oval Quads <input type="checkbox"/> N\$100	Karting <input type="checkbox"/> N\$100
Rally <input type="checkbox"/> N\$100	Motocross <input type="checkbox"/> N\$100	Enduro <input type="checkbox"/> N\$100
Off-Road <input type="checkbox"/> N\$100		Ovals <input type="checkbox"/> N\$100
		Drags <input type="checkbox"/> N\$100

Junior Licence Maximum Age = 16 years on 1 January

- Note:**
- 1) No Licence Application will be processed if form is incomplete and unsigned or if relevant documents are not attached. - **Club membership & Medical Cover Confirmation and the Indemnity.**
 - 2) Licence is not refundable once it has been issued.
 - 3) No Licence is sold on Pro Rata basis.
 - 4) It is the competitor's responsibility to ensure they have the correct licence.
 - 5) All information requested is compulsory and failure to complete any section will render the form null and void and the form will be returned.
 - 6) It is the Competitors responsibility to ensure that you have sufficient medical aid coverage of your own.
 - 7) **Junior Licence/Under 18 years of age, must be accompanied by Entrant Licence of the Parent/Guardian.**
- I confirm that I will familiarise myself with all NMSF Rules and Regulations, and that I will adhere to/ comply with the rules at all times. I further confirm that the information completed above is true and correct.**

Signature of Applicant: _____ Date _____

Signature of Guardian (if under 18 years of age): _____ Date _____

For Official Use Only		Total payment Received	<input type="text"/>
Form Completed Correctly	<input type="checkbox"/>	Receipt No.	<input type="text"/>
Indemnity Signed	<input type="checkbox"/>	Licence No.	<input type="text"/>
Proof of Club Membership	<input type="checkbox"/>		
Proof of Medical Cover	<input type="checkbox"/>		
Licence Printed	<input type="checkbox"/>		
		NMSF Representative	Date



NAMIBIA MOTOR SPORT FEDERATION

Tel/Fax: +264 (61) 240010
Cell 081 1277662
P.O. Box 5483
Windhoek

INDEMNITY

I, the undersigned,

(NAME OF PARTICIPANT/MARSHAL/OFFICIAL)

hereby agrees to indemnify and hold harmless the Namibia Motor Sport Federation (NMSF) and/or any other motor club and/or its members, directors, officers, agents, functionaries, consultants, employees, invitees and officials against all claims, demands, losses, costs, liabilities, expenses, bodily injuries and any other related expenses not specifically mentioned herein, arising directly or indirectly during the event or anything done incidental thereto, regardless of negligence.

Notwithstanding anything else contained herein, the **PARTICIPANT** agrees that the Namibia Motor Sport Federation (NMSF) and/or any other motor club, its members, directors, officers, agents, functionaries, consultants, employees, invitees and officials will not be responsible or liable for any damage or losses that may result directly or indirectly during the rendering of service, and the **PARTICIPANT** indemnifies and holds harmless the Namibia Motor Sport Federation (NMSF) and/or any other motor club and/or its members, directors, officers, agents, functionaries, consultants, employees, invitees and any officials against all such claims, demands, losses, costs, liabilities, expenses, bodily injuries and any other related expenses not specifically mentioned herein arising directly or indirectly during the event and the rendering of such services and anything done incidental thereto, regardless of cause and regardless of negligence.

The Participant shall also be solely responsible for his/her own medical insurance or any other short-term insurance and indemnifies the Namibia Motor Sport Federation (NMSF) and/or any club if Medical Insurance, arranged by the NMSF is not taken up or effected by a competitor / official.

DATED at **SIGNED** at _____ (place) on this _____ day of _____
20_____

PARTICIPANT/MARSHAL/ OFFICIAL

AS WITNESSES:

1. _____

Club Secretary or NMSF STEWARD

DECLARATION FOR FITNESS TO COMPETE IN MOTORSPORT

MOTORSPORT IS DANGEROUS

1. The NMSF is responsible for ensuring that the competitor applying for a licence is physically and psychologically fit enough to control a motor vehicle, kart, motorcycle or quad at all times and will not endanger his/her own safety or that of other competitors. In the event of a query please contact the President of the Medical Panel in writing.
2. Regular participation in/or attendance of motorsport events may result in hearing loss. Competitors, service crews, families and officials must be aware that it is their responsibility to protect their hearing by wearing protective devices.
3. The following conditions may exclude a competitor from obtaining a competition licence:

3.1 Amputation of a limb	3.7 Neurological disorders
3.2 Loss of vision	3.8 Epilepsy and/or Convulsions
3.3 Deafness	3.9 Current / Recent chemotherapy or Radiation therapy
3.4 Diabetes (Type 1 and Type 2)	3.10 Recent Transplantation
3.5 Cardiovascular Disease, Arrhythmias, Hypertension	3.11 Drug or Alcohol abuse
3.6 Recent Cardiac Surgery	3.12 Use of banned substances (as detailed by WADA)
4. *This list is an example and is not fully inclusive. A full list of excluding medical conditions is contained in the NMSF Medical Code.*
Cases of doubt must be referred to the NMSF Council for a final decision.

MEDICAL HISTORY

Do you suffer from or have you ever suffered from any of the following disorders:

	YES	NO		YES	NO
1. Epilepsy or Loss of consciousness for any reason	<input type="checkbox"/>	<input type="checkbox"/>	13. G.I.T. (gastrointestinal) Problems	<input type="checkbox"/>	<input type="checkbox"/>
2. Hemiparesis, Hemiplegia or Paraplegia	<input type="checkbox"/>	<input type="checkbox"/>	14. Kidney Problems	<input type="checkbox"/>	<input type="checkbox"/>
3. Recurrent dizziness or headache	<input type="checkbox"/>	<input type="checkbox"/>	15. Type 1 or 2 Diabetes Mellitus	<input type="checkbox"/>	<input type="checkbox"/>
4. Head injury or concussion	<input type="checkbox"/>	<input type="checkbox"/>	16. Any blood disorder or Bleeding tendencies	<input type="checkbox"/>	<input type="checkbox"/>
5. Mental nervous disorder	<input type="checkbox"/>	<input type="checkbox"/>	17. Bone or Joint Injury or disease	<input type="checkbox"/>	<input type="checkbox"/>
6. Impaired vision in one or both eyes	<input type="checkbox"/>	<input type="checkbox"/>	18. Amputation of part of or an entire limb	<input type="checkbox"/>	<input type="checkbox"/>
7. Deafness in both ears	<input type="checkbox"/>	<input type="checkbox"/>	19. Cancer or Organ transplantation	<input type="checkbox"/>	<input type="checkbox"/>
8. Heart or Heart Valve problems	<input type="checkbox"/>	<input type="checkbox"/>	20. Any other Illnesses	<input type="checkbox"/>	<input type="checkbox"/>
9. Hypo or Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	21. Any Operations within the past 5 years	<input type="checkbox"/>	<input type="checkbox"/>
10. Any other cardiovascular problem	<input type="checkbox"/>	<input type="checkbox"/>	22. Do you take prescription medication	<input type="checkbox"/>	<input type="checkbox"/>
11. Asthma	<input type="checkbox"/>	<input type="checkbox"/>	23. Allergy to medication or other substances	<input type="checkbox"/>	<input type="checkbox"/>
12. Any other chest / respiratory problem	<input type="checkbox"/>	<input type="checkbox"/>	24. <i>Have you ever been prohibited from participating in any form of sport on medical grounds?</i>	<input type="checkbox"/>	<input type="checkbox"/>

If you answered YES to any of the above questions, please provide full details for each numbered, including the dates of diagnosis or injury and attach to the declaration of fitness form.

In addition, if you have answered YES to any of the above questions, please provide a Medical Certificate from your attending Specialist or Doctor. Failure to provide the necessary certificate will preclude the issuing of a licence, may result in the revoking of your licence due to non-compliance and may render any claims null and void by the NMSF Insurers.

In accordance with the protocols of NMSF's Anti-Doping Code all motorsport competitors should be aware that they may be tested for prohibited substances, both during and out of competition. In accordance with this regulation I accept and understand that I may be tested for prohibited substances either during or out of competition. I further understand that, should I test positive on the samples submitted that I will be subject to disciplinary action as detailed in the NMSF Anti-Doping Code as prescribed by WADA.

DECLARATION AND UNDERTAKING BY COMPETITORS (driver and rider)

Every competitor shall sign the following declaration and undertaking:

1. I the undersigned _____ hereby undertake to notify the NMSF, prior to any event that I intend participating in, and as soon as possible after becoming aware of any condition or disability or any other medical or any other condition which I am suffering from, whether permanent or temporary, which may have an effect or impair my ability and competency to participate in such event or which may impair my ability to control the vehicle I intend competing in.
2. I further undertake not to participate in such event unless the NMSF has, following such notification, granted me express consent to participate in such event.
3. I further declare that, notwithstanding the issuing of a competition license to me by the NMSF, I am aware that it is my responsibility to refrain from participating in any event under circumstances where I suffer from any condition or disability or any other medical or any other condition which may have an effect or impair my ability and competency to participate in such event, or which may impair my ability to control the vehicle I intend competing in or which may endanger any person's safety, including my own safety.
4. I declare that to the best of my belief, I possess the standard of competency required to participate in any event and that the vehicle that I shall be participate in shall be race worthy.
5. I declare that any vehicle in which I participate in, shall comply with the relevant regulations and specifications pertaining to the event and category for which it is entered and I accept and am aware that, subject to my rights of protest and appeal, if my vehicle is found to be non compliant with said regulations and specifications, action may be taken against me as participant in accordance with the provisions of the NMSF regulations.

I accept and understand all details listed above and further understand that in the event that I have produced false information on this form my licence will be revoked with immediate effect and that I will be personally responsible for any or all action instituted against me as a result of having provided false information. I certify that I am physically and psychologically **FIT** to take part in all categories of motorsport and should it be found that I am not fit I confirm that I accept that the Insurers will not entertain any claims submitted by myself.

SIGNATURE OF COMPETITOR: _____

DATE: _____

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____