

SCUNTHORPE RACEWAY

2011 DRIVER LICENCE APPLICATION

Scunthorpe Raceway Ltd.
157 Moorwell Road
Scunthorpe
DN17 2SX

Tel: Paul Godfrey 07521-490985 (8am – 7pm)
northlincsstockcars@hotmail.co.uk

Licence fee per class £30, Meeting fee £10 (fee without licence £20)

Cheques payable to Scunthorpe Raceway Ltd.

2011 dates – April 9, May 7, June 4, June 25, July 16, August 6, September 3, September 24, October 15 & November 6 (all Saturdays @ 6pm except November 6 which is Sunday @ 5pm)

This agreement is made between Scunthorpe Raceway Ltd. and

DRIVERS NAME: _____

DRIVERS DATE OF BIRTH: _____ AGE LAST BIRTHDAY _____

ADDRESS (INCLUDING POST CODE)

PHONE NUMBERS: HOME: _____ MOBILE _____

E-MAIL ADDRESS _____

I the undersigned apply to Scunthorpe Raceway Ltd. to race in the following class:

CLASS _____ NUMBER _____ GRADE (not bangers) _____

I agree I have read this agreement and agree to abide by the rules outlined below and those of Scunthorpe Raceway Ltd. I fully understand the nature and type of racing in which I wish to participate and I take full responsibility to familiarise myself with the nature, layout features and geography of the circuit before I race.

I agree to not be a part of any action which may cause disruption to a race meeting and agree to Scunthorpe Raceway Ltd. using my name, racing number and any photographs taken by their sanctioned photographer for the purpose of advertising or publicity.

Scunthorpe Raceway reserves the right to take whatever action it feels is necessary, including the disqualification or banning of a driver, without giving their reasons.

**MEDICAL QUESTIONNAIRE – MUST BE COMPLETED WITH YES OR NO.
PLEASE WRITE DETAILS AT THE BOTTOM OF THE PAGE OR ON A
SEPARATE SHEET FOR ANY ‘YES’ ANSWERS**

1. Do you suffer epilepsy or sudden attacks of disabling giddiness or fainting? _____
2. Are you suffering from any defect in movement or muscular power? _____
3. Are you suffering from any disease, medical condition (mental or physical) or disability which may affect the way you drive a competition car? _____
4. Have you suffered from any back or neck problems which have caused you to visit a doctor in the last year? _____
5. Do you suffer from any eyesight disorder that would prevent you from reading a standard vehicle registration plate at a distance of 25 yards (with glasses on)? _____
6. Are you colour blind? _____
7. Have you suffered any race injuries in the last five years that have resulted in hospital treatment? _____

DRIVING HISTORY

1. **Have you ever been suspended or banned by any stockcar promotion?** _____

If so please provide details:

2. **Have you driven with other promotions? If so please provide the following information:**

Track/Promotion: _____

Formula: _____

Previous racing number: _____

Last year raced: _____

Number of years raced: _____

Last grade achieved: _____

How many years have you been racing? _____

I declare to the best of my knowledge that the above answers are as complete and accurate as possible. I enclose a cheque for £30 and two passport size photographs.

Signed by applying driver _____ Date _____

To be completed and signed by parent/guardian of applicant under 18 years of age.

Name: _____ Relationship to driver _____

Address (including post code) _____

Signed _____ Date _____