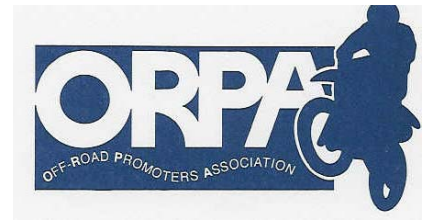


**APPLICATION FOR ONE DAY ADULT COMPETITION LICENCE**



FULL NAME: .....

ADDRESS: .....

..... POST CODE: .....

DATE OF BIRTH: ..... MALE/FEMALE\*

I wish to purchase a one event adult competition license for the following event:

Event: ..... Date of Event: .....

Organising Club: .....

Venue: .....

**Medical Declaration**

1. Have you been rejected, or accepted at increased premiums for life insurance on medical grounds? YES/NO\*
2. Have you been treated for, do you now have, or have you ever had any of the following:
  - (a) Head injury? YES/NO\*
  - (b) Unconsciousness or concussion (within the last 28 days)? YES/NO\*
  - (c) High blood pressure/heart disease or disorder? YES/NO\*
  - (d) Dizziness, fainting spells, epilepsy, fits or blackouts? YES/NO\*
  - (e) Disease, injury or operation to either eye? YES/NO\*
  - (f) Do you have any vision defect or loss of sight in either eye? YES/NO\*
  - (g) Do you have any condition which affects movement of arms or legs? YES/NO\*
  - (h) Do you have any false or missing limbs? YES/NO\*

If you have answered YES to any of the above, please give further details:

.....  
.....

I certify that the above statements are true and accurate and I understand my license may be invalid/withdrawn should any prove to be so. I also authorise any hospital or medical practitioner to furnish information relative to my medical condition to ORPA.

Signature: ..... Date: .....

Signature of Parent/Guardian: .....(if under 18 years of age)

\*delete where appropriate