



APPLICATION FOR ONE DAY ADULT COMPETITION LICENCE

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FULL NAME:

ADDRESS:

..... POST CODE

DATE OF BIRTH: MALE/FEMALE* delete as appropriate

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:

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I certify that the above statements are true and accurate and I understand my license may be invalid/withdrawn should any prove to be so.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)