



JAMAICA MILLENNIUM MOTING CLUB

691 Spanish Town Road, Kingston 11, Jamaica
Tel/Fax: (876) 764-9904
www.jamaicamotorsports.com email: jmc@kasnet.com

COMPETITION LICENSE APPLICATION FORM

Name: Date of Birth:Age.....
Home Address: Work Address:
Tel: Tel:
Fax: Fax:
Cell:
Beeper: Blood Type:
Email address:
Club Affiliation: Membership #: Exp:
Drivers License #: Exp. Date:

Type of License required:

JKA Kid Kart [] JMMC Provisional [] FIA 'B' Seed []
JKA Junior [] JMMC National Co-Driver [] FIA 'C' Seed []
JKA Senior/Provisional [] JMMC National Driver []

Fee: JKA Kid Kart \$100.00, JKA Junior \$500.00, JKA Senior Provisional \$2,000.00,
JMMC Provisional \$2,500.00, JMMC National \$3,500.00, FIA 'C' Seed \$5,000.00, FIA 'B' Seed \$6,500.00

Physical Examinations Requirements

- All applicants must complete the medical questionnaire on the reverse side of this form.
- Physical Examinations are required if you have answered YES to any of the questions 1 through 10.
- Physical Examinations shall be submitted on the Official JMMC Medical Form obtainable from the JMMC Secretariat.
- Exams must be verifiable, therefore they must contain a "stamped" signature and address on the front side of the Medical form. If a "stamp" is not available, print Doctor's name, address and phone number, clearly on the form.

Emergency Contact Information

Name: Relation:
Address:
Tel: (Home) (Work)

I hereby certify that the information above is correct. I realize any falsification will result in the loss of my JMMC Competition License. Additionally, I agree to abide by the provisions of the JMMC-General Competition Rules and Regulations, as well as all applicable event Supplementary Regulations.

Applicant's Signature: _____ **Date:** _____

Requirements for ALL Applicants

1. Applicant must hold a current Membership with the Jamaica Millennium Moting Club or a registered affiliate club.
2. Forms must be accompanied by **2 passport size pictures** with applicant's signature on the reverse side.
3. Application must be completed and **fees paid in full**.
4. Application must be accompanied by a current physical exam, when required (as stated above).

FAILURE TO FOLLOW INSTRUCTIONS WILL DELAY THE PROCESSING OF YOUR LICENSE

For Official use only:

Approved by committee: YES [] No [] Date:
If No, reason:
Amount Paid: License #: Date issued:.....



Jamaica Millennium Motoring Club Competitors Annual Questionnaire

The annual health questionnaire is required for all competition licenses. A physical examination is required only if 'yes' has been answered to health questions 1-10 below.

Name _____ Age _____ Birthdate _____

Street Address _____

Club Affiliation _____ Occupation _____

HEALTH QUESTIONS

	Yes	No
1. Have you been admitted to hospital in the past 12 months?	_____	_____
2. Have you been treated for heart disease, heart attack or agina ?	_____	_____
3. Have you been treated for seizures, epilepsy or blackout spells ?	_____	_____
4. Have you been treated for diabetes ?	_____	_____
5. Have you been treated for allergic asthma or lung disease ?	_____	_____
6. Have you been treated for alcohol or drug dependency ?	_____	_____
7. Are you under a doctor's care for any chronic illness ?	_____	_____
8. Have you lost the use of any extremity (amputation / paralysis)?	_____	_____
9. Do you take prescription medications for any chronic medical condition (not including birth control pill, antibiotics, allergies)?	_____	_____
10. Have you been or are you being treated for any psychological illness, suicide, depression ?	_____	_____

PLEASE COMPLETE THE FOLLOWING:

1. Date of last physical examination _____
2. Date of last tetanus booster _____
3. List current medications _____
4. List any operations (within the last 5 yrs) _____
5. List any hospitalizations (within the last 5 yrs) _____
6. List any allergies, hay fever etc. _____
7. List any previous JMMC waiver for medical problems _____
8. Name of regular physician _____
 Address _____
 Telephone _____

Remarks _____

This is to certify that the above statements are true and accurate. The penalty for falsification is the loss of competition license. I also give my permission to any hospital, institution, or physician to furnish any information relative to my condition to the Jamaica Millennium Motoring Club.

Print Name _____ Date _____

Applicant's Signature _____