



**JAMAICA MILLENNIUM MOTORING CLUB**

Ferry Industrial Terrace, Mandela Highway, Kingston 20

Tel/Fax: (876) 934-1288

email: [jamotoringclub@gmail.com](mailto:jamotoringclub@gmail.com) or [jmc@kasnet.com](mailto:jmc@kasnet.com)

[www.jamaicamotorsports.com](http://www.jamaicamotorsports.com)

**COMPETITION LICENSE APPLICATION FORM**

Name: ..... Date of Birth: ..... Age.....

Home Address: ..... Work Address: .....

.....

Tel: ..... Tel: .....

Fax: ..... Fax: .....

Cell: .....

Blood Type: .....

Email address: .....

Club Affiliation: ..... Membership #: ..... Exp: .....

Drivers License #: ..... Exp. Date: .....

**Type of License required:**

JKA Kid Kart [ ] JMMC Provisional [ ]

JKA Junior [ ] FIA 'C' Seed [ ]

JKA Senior/Provisional [ ] JMMC National [ ]

Fees: JKA Kid Kart \$1,000.00, JKA Junior \$1,500.00, JKA Senior Provisional \$3,100.00,  
JMMC Provisional \$3,100.00, JMMC National \$4,500.00, FIA 'C' Seed \$6,800.00,

**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 Motoring 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

	<b>Yes</b>	<b>No</b>
1. Have you been admitted to hospital in the past 12 months?	_____	_____
2. Have you been treated for <b>heart disease, heart attack or agina</b> ?	_____	_____
3. Have you been treated for <b>seizures, epilepsy or blackout spells</b> ?	_____	_____
4. Have you been treated for <b>diabetes</b> ?	_____	_____
5. Have you been treated for <b>allergic asthma or lung disease</b> ?	_____	_____
6. Have you been treated for <b>alcohol or drug dependency</b> ?	_____	_____
7. Are you under a doctor's care for any <b>chronic illness</b> ?	_____	_____
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 <b>psychological illness, suicide, depression</b> ?	_____	_____

### 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 \_\_\_\_\_



## JAMAICA MILLENNIUM MOTORING CLUB

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### MEDICAL EXAMINERS REPORT

Name: .....

Home Address: .....

.....

Tel: .....

Height: ..... Weight: ..... Pulse Rate: .....

Blood Pressure Reading: .....

	YES	NO	If Yes Specify
Heart sound normal?			
Murmurs?			
Any evidence of decompensation?			
Lung fields normal?			
Abdominal Abnormalities?			
Visual quality with glasses?			
Without glasses?			
Normal Colour vision?			
Satisfactory hearing?			
Tendon reflexes normal?			
Any evidence of drug or alcohol abuse?			

Any medical condition not mentioned above that would render this person unfit to drive an automobile under extremely competitive racing conditions:

.....

.....

Doctors Name: ..... Tel #: .....

Address: .....

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