



Race Licence Application Information

Dear Licence Applicant:

This is your ARMS licence application form and Medical form.

- ✓ Please note the additional form for the ambulance attendants. This must be filled out also.
- ✓ If the applicant is under the legal age of majority, a Consent and Release Form completed by a parent or guardian must accompany the completed licence application.

All licence applications **MUST** include the following:

- ✓ Completed application form. Form must be **SIGNED, DATED, and WITNESSED**.
- ✓ Completed annual insurance waiver.
- ✓ The full fee as shown on the application form. Cheques should be payable to Atlantic Region Motorsports Inc. E-transfer to treasurer@armsinc.ca. Please include a note with your name with the payment.
- ✓ A copy of your current ARMS affiliated club membership card.

For licence renewal:

- ✓ A completed ARMS medical form is required:
 - 35 and under: every 5 years
 - Age 36-59: every 2 years
 - Age 60+: every year
- ✓ Copy of last issued ARMS race licence.
- ✓ Copy of the previous year Driver's Log Card with at least one signature from an ARMS steward for at least one ARMS race event OR approval of the ARMS Race Director.
- ✓ National licence holders must fill in all forms. National licence number must be included.
- ✓ A current photo of the applicant in JPEG format. Email to or make arrangements with the ARMS Licence Registrar.

Applications improperly filled or lacking documentation will result in the application being returned for correction. This may result in delays in processing the licence application. Avoid delays by double-checking your application and documentation before sending. Ensure all forms and waivers have been signed and signature witnessed. Ensure any required approvals have been obtained.

Applications and ALL documentation should be sent at least 14 days before using your licence to:

ARMS Licence Registrar: Brent O'Connor
Email: registrar@armsinc.ca
Phone: 902-698-3062



Race Licence Application Form

A separate application is required for each licence requested.
Complete the following in FULL.

| | | | |
|----------------|----------------------|------------------|----------------------|
| First Name: | <input type="text"/> | Last Name: | <input type="text"/> |
| Address: | <input type="text"/> | | |
| City: | <input type="text"/> | Province: | <input type="text"/> |
| | | Postal Code: | <input type="text"/> |
| Phone: | <input type="text"/> | Email: | <input type="text"/> |
| Date of Birth: | <input type="text"/> | Drivers Licence: | <input type="text"/> |
| | | Issuing Prov: | <input type="text"/> |
| | | Expiry: | <input type="text"/> |
| ARMS Club: | <input type="text"/> | Member #: | <input type="text"/> |

| | | | | | | | |
|----------------------------|----------------------|--------|----------------------|---------------|----------------------|-------|----------------------|
| Vehicle (year/make/model): | <input type="text"/> | Class: | <input type="text"/> | Displacement: | <input type="text"/> | #Cyl: | <input type="text"/> |
|----------------------------|----------------------|--------|----------------------|---------------|----------------------|-------|----------------------|

Application Type (Check One Only): ☐ New ☐ Renewal

Previous Licence (if applicable): ☐ Regional ☐ National, Licence #:

Regional Race Licence Fee Total: \$140 (payable to ARMS or treasurer@armsinc.ca)

[+\$10 for an additional car number]

Declaration and Waiver:

I, the undersigned, hereby apply to Atlantic Region Motor Sports Inc. (ARMS) for a motorsport competition licence. I undertake to submit to and be bound by the International Sporting Code of the FIA and the general competition rules of ARMS. I certify that the information given is correct.

In consideration of being granted a competition license, I acknowledge and accept (a) that the license permits the holder to participate as a competitor only in the type of event for which the licence permits, (b) That certain risks are inherent in such events and that by participating in such events I voluntarily run the risk of injury or loss of life, (c) That it is a condition of being so licensed I assume all such risks myself. I, for myself, my heirs, executors, and administrators hereby remise, release and forever discharge Atlantic Region Motor Sports Inc., its member clubs, the owners, sponsors, drivers of other cars participating with me in any such event, the owners and occupiers of the premises on which any such event is run and all those having anything to do with the management or control of such premises or of the competing cars and service vehicles or of the event itself, their servants and agents of and from any and all actions, causes of actions, claims and demands whatsoever for any loss or injury suffered by me in any way arising out of or resulting from my participation in any such event, test, or practice therefor or from my being on such premises for or in connection with any event in which it is intended that I or my car participate, whether or not such loss or injury results either wholly or partly from negligence on the part of any of the persons hereby released.

IN WITNESS WHEREOF:

I have set my hand at (city/town) in the Province of ,
this day of the month of . Applicant's Signature:

Witness Signature: Witness Name (printed):
Address: City: Province: Postal Code:

Office Use Only:

| | | |
|--|---|--|
| <input type="checkbox"/> Club Membership | <input type="checkbox"/> Event Log Card | <input type="checkbox"/> Medical, Date: <input type="text"/> |
| Date Received: <input type="text"/> | Date Sent: <input type="text"/> | Licence #: <input type="text"/> File #: <input type="text"/> |



Medical Self Declaration

Part 1: Applicants' Information:

| | | | | | | |
|---|----------|----------|----------|--------------|---|--|
| Name: | | | | Age: | | |
| Address: | | | | Postal Code: | | |
| City/Province: | | | | Gender: | M <input type="checkbox"/> F <input type="checkbox"/> | |
| Date of Birth: | D: _____ | M: _____ | Y: _____ | Height: | Weight: | |
| Wears Glasses: Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | |

Part 2: Applicants' Medical Self-Declaration

Have you been treated for, have you ever had, or have you now, any of the following: Yes, responses should be detailed on a separate sheet or the reverse of this page.

| Conditions: | Yes | No |
|---|-----|----|
| Frequent or severe headaches | | |
| Unconsciousness for any reason | | |
| Dizziness or fainting spells | | |
| Epilepsy or Seizures | | |
| Heart Trouble: | | |
| Coronary Artery Disease or Angina | | |
| Valve disease | | |
| Abnormal Cardiac Rhythms | | |
| High Blood Pressure | | |
| Psychiatric/Mental Health Problems | | |
| Operation(s) involving Eyes, Brain, Heart, Nerves, Blood Vessels, or Bones | | |
| Allergies | | |
| Eye trouble (except for glasses) | | |
| Asthma | | |
| Diabetes | | |
| Anemia, or other blood diseases including abnormal bleeding | | |
| Admission to a hospital in the past 12 months | | |
| Amputations and/or Physical disability | | |
| Previous denial(s) from the former ASN Canada (pre 2019) due to a medical reason(s) | | |
| Date of last Tetanus Shot. | | |

Comments:

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Part 3: Applicants' Declaration:

1. I declare that these statements are true and accurate and acknowledge that ARMS reserves the right to request a medical examination by a physician from a licence applicant at any time.
2. I agree to be re-examined as follows:
 - a. Upon the expiration of my current medical as required by the current competition rules.
 - b. Following any significant illness, injury or hospitalization.
3. I give permission to any hospital, institution, or physician, to furnish my medical information to ARMS

Date: _____ M: _____ D: _____ Y: _____

Signed: _____