

# Honorary Membership & Licence Application Form – 1 day licence holder

### **Applicants Details:**

First Name:				Last Nam	e:		
Date of Birth:				Age:			
Phone:							
Email:							
Address:					Postcode:		
Suburb:					State:		
Age Grouping:  ☐ Senior	=	unior □ Cadet 12 (9-12 yr	s) 🗆	Cadet 9 (7	-9 yr:	s) □ Cadet B	eginner
Emergency Cor	itact l	nformation:					
First Name:			Las	t Name:			
Phone:			Alt I	Phone:			
Email:							
Relationship:							
Licence Appl Medical Question							
<ul> <li>Vision or</li> <li>Diabetes</li> <li>Epilepsy after the</li> <li>Any phys</li> <li>Any men</li> </ul>	eye d that ro , expendage of sical co tal, ps		glas or oth peen i	ses or cont er medicati required to tions	act le on take	enses) anti-epileptic	medication
certificate from	your d te a ka	res" to any of the above qu loctor. Your doctor will need art. The licence applicant is	d to c	omplete a N	ИKĊ	Medical Clea	rance Form



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## 1 day licence holder

#### **Membership/Licence Acknowledgement:**

The Applicant's signature or the Applicant's Guardian's signature declares:

• I have completed the One Day Honorary Membership/Licence Form and will agree to abide by all rules, guidelines and signage set out by the Mackay Kart Club.

<ul> <li>If I am asked at any time to stop practising / racing by my observer, an official or MKC representative, I must follow this instruction.</li> </ul>										
I agree to:										
<ul> <li>□ Only use the track with other One Day Licence Holders in my age grouping during Private Practice.</li> <li>□ Commence practice at the rear of my age grouping during Club Organised Practice.</li> <li>□ Commence racing at the rear of the field.</li> <li>□ Abide by the Mackay Kart Club Inc's Rules, Guidelines and Signage.</li> <li>□ Pay the \$35 for a One Day Licence AND the Nomination Fee for a Race Meeting. OR</li> <li>□ Pay \$25 Practice Fee</li> </ul>										
Applicant Signature:			Date:							
Parent/ Guardian Signature (if under 18 yrs):			Date:							
MKCs Observer of 1 day licence holder for private practice										
Full Name:										
Mobile:										
☐ By signing above, I agree to observe and assist the One Day Licence Applicant and help him/ her to understand and observe the MKC's Organised Practice Guidelines as well as any relevant rules and signage.										
☐ I agree to ensure this One Day Licence Holder only practises with other One Day Licence Holders within the same age grouping.										
Signature:			Date:							
LICENCE APPLICATION granted:										
□ YES □ NO DATE OF LICENCE: / /  GRANTED BY: Name:										
Signature: DATE: // // // Signature: DATE: // // // // // // DATE: // // // // // // // // // // // // //										
Email complete secretary@mackaykartclub.com										