

Canadian Automobile Sport Clubs Region

CASC-OR, the Official Sanctioning Body of Motorsports in Ontario.

Members Portal: https://members.casc.on.ca/.

Licenses will only be issued when the following documentation is received. Incomplete applications will be delayed in processing. ALL Licenses for the following year will be processed after November 1st of the current year.

Section 1: All applications:

- O Complete the CASC Driver A, Driver B, Driver C (Ice Race only), Marshal or official license application through the members portal.
- Club memberships can be applied for and renewed through the members portal or send proof of current CASC
 Club* membership issued by the club (only for select clubs)
- "CASC-OR Annual General Waiver" or "Annual Parental Consent" for Minors is not done through thehosting Club at each event (not through CASC) https://www.casc.on.ca/casc-or/clubs
- O A passport 'style' photo is required and can be uploaded through the members portal to your profile.
- Applicable fees can be paid online through the members portal.

RUSH SURCHARGE WILL APPLY: 50% of the License Fee if required within7 days of competition event.

Section 2: For Renewing Road Race Applicants:

- Renewing License Applicants must submit a new medical. (PLEASE MAKE SURE THE DOCTOR CHECKS OFF THE BOX AT THE BOTTOM OF THE MEDICAL THAT YOU ARE FIT TO RACE. IF THE BOX IS NOT CHECKED, IT WILL HAVE TO BE INITIALLED BY THE DOCTOR).
- Every 5 years between the ages of 15 to 35, every 2 years between the ages of 36 to 59, annually at 60 years of age
- o **PLUS**, the "Driver Self Declaration" in the years when a Doctor's Medical is not required.

Note: Applicants must keep a copy of their completed medical form for their files

Section 3: For New Road Race Applicants:

- o All Section 1 Requirements
- Section 2 Medical Requirement
- Copy of racing school certificate with Chief Instructor's endorsement (Schools are only those professional and club racing driver schools recognized by CASC-OR)
- o Proof of age (e.g., Copy of Birth Certificate, Driver's License, Age of Majority Card, or Passport)

Digital Photo Requirements: Members must upload a passport-style photo to their profile before a license can be issued. It must be less than 2 MB in size.

<u>Email all required documents to office@casc.on.ca</u>. If you are unsure of any of the above requirements, contact the CASC Region Chief Instructor at <u>racecoach@casc.on.ca</u>. If you already have significant on-track experience or a CASC-OR recognized road racing license from another organization. Please fill out the form <u>HERE</u>, and once it is submitted, we will contact you for an interview. You will not be contacted until this form is filled out.

We've Got the Place to Race!

7250 Keale Street, Suite 413, Vaughan, Ontario L4Z 1K8 • 416-667-9500

PHYSICAL EXAMINATION FORM Required for RACE Division Licenses Only



Dear Doctor,

This is page 1 of 3 pages. You are being asked to examine this candidate for a racing license from Canadian Automobile Sport Clubs Ontario Region (CASC-OR). If you find the candidate physically and psychologically fit, and they pass their other tests, the candidate will be granted a license that will enable them to drive a competitive vehicle at extremely high speeds under the most exacting conditions.

Please, therefore, examine the candidate carefully and critically, and recommend them only if you are completely satisfied in all respects. You will thus be doing not only the applicant, but also our sport, a service by conducting this examination as carefully as possible.

Eyesight standards required:

- a) Visual acuity (before or after correction, sight for each eye should be at least 6/15 (metric). As well, any subject whose visual acuity in <u>one eye only</u> is diminished and cannot be corrected and who necessarily has contralateral vision, whether corrected or not, equal to or greater than 6/6 (metric), may obtain a driver's license under the following conditions and after examination by a competent ophthalmic specialist:
 - Field of vision equal to or greater than 120°
 - Functional stereoscopic vision
 - · Condition of the fundus excluding pigmentary retinal damage
 - Any old or congenital damage shall be strictly unilateral.
 - Blindness in one eye is absolutely excluded.
- b) Normal binocular vision
- c) Normal colour vision (recourse to the Ishihara tables in doubtful cases and to the Beyne Lantern, or a similar system in cases of error); in any case, no errors in the perception of the colours of the flags used in international competitions.
- d) The wearing of contact lenses is permitted provided that:
 - They have been worn for a period longer than 12 months and for a significant period every day.
 - They are certified as satisfactory for motor racing by the ophthalmic specialist who supplied them (Hard contacts are not recommended).

List of illnesses and disabilities incompatible with the practice of motor sport:

- Epilepsy with behavioral effects, or under treatment
- Amputations, except in the case of fingers where the gripping function in both hands is unimpaired.
- Orthopedic appliances if the functional result is not equal or near to normal.
- Free movement of the limbs impeded by more than 50%.
- Insulin-dependent diabetes, unless a document is provided to ASN Canada FIA signed by a
 medical doctor specializing in diabetes or internal medicine proving the regular supervision of
 the party concerned and of their treatments.
- Myocardial infarction and myocardial ischemia, valvular disease, or other abnormal cardiovascular conditions
- Functional limitation of the articulations of the hand superior to 50% and affecting two or more fingers of the same hand
- Psychiatric conditions

PHYSICAL EXAMINATION FORM

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Part 1: Applicants' Self Declaration – to be completed by the Competitor:

casconca				
Name:		Age:		
Address:	Posta	ıl Code:		
City/Province	e: (Gender:	M 🗆	F 🗆
Date of Birth			Weight:	
			vveigit.	
	cants' Medical Self-Declaration			
	n treated for, have you ever had, or have you now, any of the following: Yes, I separate sheet or the reverse of this page.	response	es should	be
detailed on a	separate sheet of 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 CASC due to a medical reason(s)			
	Date of last Tetanus Shot.		<u> </u>	
L				
_	List all Medications (include dosage and frequency taken):			
_				
_				
_				
_				
Part 3: Appli	cants' Declaration:			
1. I decl	are that the information regarding my present state of health given to the exan	nining ph	nysician is	correct.
2. I agre	e to be re-examined as follows:			
a. l	Ipon the expiration of my current medical as required by the current competition of my current medical as required by the current competition.	on rules.		
I give Region.	permission to any hospital, institution, or physician to furnish my medical info	rmation t	o CASC	Ontario
Date:	MDY Signed:			
Date.				

PHYSICAL EXAMINATION FORM

Required for RACE Division Licenses Only

	Required for NACE DIVISION EI
(C)C	Part 4: Examining Physicians' Information – to be
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(c)	Pa	art 4: Examining Physicians' Information – to be comple	ted by P	hysic	cians.		
DBBG	Na	Name: Phys			rsician's Stamp:		
	Addres	Address:					
	City/Pi	rov/PC:					
	Phone	:					
art 5		ining Physicians' Report - Please review page 1 and 2, before do	oing an ex	kamina	ation.		
1	Is there	e any evidence of abnormality of the heart or cardiovascular systemovide details in Part 6, below)	m? (If	Yes [No □	
	Note: A	at the age of forty, a baseline EKG should be performed. Further EKGs need only if the candidate is a smoker, has a cardiac history or strong familiac disease, history of diabetes, or has hypertension (systolic >140, diasto	ly history	ECG	Date:		
2	which compe	e any evidence of a physical or mental condition, past or present, could, in your opinion, debar the applicant from holding a motor spetition license? (If yes, provide details in Part 6 below).	ort	Yes □		No □	
3		ne applicant have any physical abnormality or restriction of movem and/or lower limbs? (If yes, please provide details in Part 6, below)		Yes [No □	
4	Vision						
-	a)	Has the applicant ever had any disease or disorder of the eye of than needing glasses or contact lenses? (If yes, provide details in 6, below)		Yes []	No □	
	b)	Are corrective lenses (contact lenses or glasses) required for driv	ving?	Yes [No □	
	c)	I have performed a vision test		Yes [No □	
5	Blood I	Pressure (If unusual, please provide details in Part 6, below)		Systo	lic	Diastolic	
6	Date of	f last Tetanus Shot		M:	D:	Y:	
art o.	Details	: (Continue on another page if necessary).					
'art 7:	Recom	mendation of Examining Physician:					
year	s after th	should have no established medical history or clinical diagnosis that his finding, to make them unable to perform the duties or exercise that no case.					
ased	on the	above report, and mindful of the information provided to me, I mak	e the follo	wing	recomr	nendation:	
	That the speed	ne applicant is physically and psychologically fit to drive a racing vess.	ehicle in c	compe	titive e	vents at high	
	•	he applicant is NOT physically and psychologically fit to drive a rad	cing vehic	de in c	ompeti	itive events at	
_	Nate: M	DY Signed:					