



Documentation Required With Photo ID Licence Application

Licences will only be issued when the following documentation is received.

Applications that are incomplete will be delayed in processing.

Section 1: All applications:

- Completed CASC licence application form
- Proof of current CASC Club* membership (eg. **Copy** of membership card; copy of payment receipt)
- Dated and Signed “CASC-OR Annual General Waiver” or “Annual Parental Consent” for Minors
- Passport style of photo (digital preferred)
- Applicable fee, payable to “Canadian Automobile Sport Clubs” – **No Abbreviations accepted**

Section 2: For Renewing Road Race Applicants:

- **Renewing Licence Applicants must submit a new medical**

- Every 5 years between the ages of 15 and 35
- Every 2 years between the ages of 36 and 59
- Annually at 60 years of age
- 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 own files

Section 3: For New Road Race Applicants:

- 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)
- Proof of age (eg. **Copy** of Birth Certificate, Driver’s Licence, Age of Majority Card, or Passport)

Digital Photo Requirements: Members must email an image before a licence can be issued

The specifications for the image are:

- It **should** be $\frac{3}{4}$ as wide as it is high (4.3 portrait mode)
- It **must** be less than 2 MB in size

*For a list of CASC Affiliated Clubs, see http://www.casc.on.ca/club_list

If you are unsure of any of the above requirements, please contact the CASC Region Chief Instructor at racecoach@casc.on.ca

We’ve Got the Place to Race!

PHYSICAL EXAMINATION FORM

Required for RACE Division Licences Only



Dear Doctor,

This is page 1 of 3 pages. You are being asked to examine this candidate for a racing licence 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 licence that will enable them to drive a competition 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 one eye only 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 licence 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 behavioural 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 ischaemia, 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:

Name: _____ Age: _____

Address: _____ Postal Code: _____

City/Province: _____ Gender: M F

Date of Birth: D: _____ M: _____ Y: _____ Height: _____ Weight: _____

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 CASC due to a medical reason(s)		
Date of last Tetanus Shot.		

List all Medications (include dosage and frequency taken):

Part 3: Applicants' Declaration:

1. I declare that the information regarding my present state of health, given to the examining physician is correct.
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 CASC Ontario Region.

Date: M _____ D _____ Y _____ Signed: _____

PHYSICAL EXAMINATION FORM

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Part 4: Examining Physicians' Information – to be completed by Physicians

Name: _____	Physician's Stamp:
Address: _____	
City/Prov/PC: _____	
Phone: _____	

Part 5: Examining Physicians' Report - Please review page 1 and 2, before doing an examination.

Applicants Name: _____

1	Is there any evidence of abnormality of the heart or cardiovascular system? (If yes, provide details in Part 6, below)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Note: At the age of 40, a baseline EKG should be performed. Further EKGs need to be performed only if the candidate is a smoker, has a cardiac history or strong family history of cardiac disease, history of diabetes, or has hypertension (systolic >140, diastolic > 90).	ECG Date: _____	
2	Is there any evidence of a physical or mental condition, past or present which could, in your opinion, debar the applicant from holding a motor sport competition licence? (If yes, provide details in Part 6 below).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3	Does the applicant have any physical abnormality or restriction of movement of upper and/or lower limbs? (If yes, please provide details in Part 6, below).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4	Vision		
	a) Has the applicant ever had any disease or disorder of the eye other than needing glasses or contact lenses? (If yes, provide details in Part 6, below)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	b) Are corrective lenses (contact lenses or glasses) required for driving?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	c) I have performed a vision test	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5	Blood Pressure (If unusual, please provide details in Part 6, below)	Systolic	Diastolic
6	Date of last Tetanus Shot	M: _____	D: _____ Y: _____

Part 6: Details: (Continue on another page if necessary).

Part 7: Recommendation of Examining Physician:

The applicant should have no established medical history or clinical diagnosis that may reasonably be expected, within 2 years after this finding, to make them unable to perform the duties or exercise the privileges of a Canadian Automobile Sport Clubs Ontario Region (CASC-OR) competition licence.

On the basis of the above report, and mindful of the information provided to me, I make the following recommendation:

- That the applicant is physically and psychologically fit to drive a racing vehicle in competitive events at high speeds.
- That the applicant is **NOT** physically and psychologically fit to drive a racing vehicle in competitive events at high speeds

Date: M _____ D _____ Y _____

Signed: _____



CASC-OR Annual General Waiver (Not For Minors)

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT
BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.
PLEASE READ CAREFULLY!

All Events sanctioned By CASC-OR _____

Date Release Signed _____

In full or partial consideration for allowing me to participate in all related events and activities of the **EVENTS**, I hereby warrant and agree that:

1. I am familiar with and accept that there is the risk of serious injury and death in participation, whether as a competitor, student, official or worker, in all forms of motor sport and in particular in being allowed to enter, for any reason, any restricted area; and
2. I have satisfied myself and believe that I am physically, emotionally and mentally able to participate in **EVENTS**, and that my protective clothing, gear and equipment is fit and appropriate for my role as a participant in **EVENTS**; and
3. I understand that all applicable rules for participation must be followed, regardless of my role, and that at all times during the **EVENTS** the sole responsibility for my personal safety remains with me; and
4. I will immediately remove myself from participation, and notify the nearest official, if at any time I sense or observe any unusual hazard or unsafe condition or if I feel that I have experienced any deterioration in my physical, emotional or mental fitness, or that of my protective clothing, gear or equipment, for continued safe participation in the **EVENTS**.

I UNDERSTAND AND AGREE, ON BEHALF OF MYSELF, MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN THAT MY EXECUTION OF THIS DOCUMENT CONSTITUTES:

5. AN UNQUALIFIED ASSUMPTION BY ME OF ALL RISKS associated with my participation in the **EVENT** even if arising from the negligence or gross negligence, including any compounding or aggravation of injuries caused by negligent rescue operations or procedures, of the Releasees, as that term is defined below, and any persons associated therewith or otherwise participating in the **EVENTS** in any capacity; and
6. A FULL AND FINAL RELEASE AND WAIVER OF LIABILITY AND ALL CLAIMS that I have, or may in the future have, against CASC-OR, any person(s), entities or organization(s) associated in any way with the **EVENTS** including the track owners and lessees, promoters, sanctioning bodies, racing associations, or any subdivision thereof, track operators, sponsors, advertisers, car owners and other participants, rescue personnel, event inspectors, underwriters, consultants and others who give recommendations, directions or instructions or engage in risk evaluation and loss control activities, regarding the **EVENTS** or event premises, or any one or more of them and their respective directors, officers, employees, guides, contractors, agents and representatives (all of whom are collectively referred to as "the Releasees") from any and all liability for any loss, damage, injury or expense that I may suffer as a result of my use of or my presence at the event facilities or my participation in any part of, or my presence in any capacity at, the **EVENTS**, due to any cause whatsoever, INCLUDING NEGLIGENCE, GROSS NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER THE RELEVANT OCCUPIERS LIABILITY ACT ON THE PART OF THE RELEASEES.
7. AN AGREEMENT NOT TO SUE THE RELEASEES for any loss, injury, costs or damages of any form or type, howsoever caused or arising, and whether directly or indirectly from my participation in any aspect(s) of the **EVENTS**; and
8. AN AGREEMENT TO INDEMNIFY, and to SAVE and HOLD HARMLESS the RELEASEES, and each of them, from any litigation expense, legal fees, liability, damage, award or cost, of any form or type whatsoever, they may incur due to any claim made against them or any one of them by me or on my behalf, or that of my estate, whether the claim is based on the negligence or the gross negligence of the Releasees or otherwise as stated above.
9. AN AGREEMENT that this document be governed by the laws, and in the courts, of the Province in which the **EVENTS** occur.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN SUBSTANTIAL LEGAL RIGHTS WHICH I AND MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES. I SIGN THIS DOCUMENT VOLUNTARILY AND WITHOUT INDUCEMENT

Signature of Participant

Print Name of Participant

Signature of Witness

Print Name: _____



Competition Licence Application 2022

*Fields marked with an asterisk are Required Fields

Applicant Info

SURNAME* _____

GIVEN NAME* _____ MIDDLE INIT.* _____

HOME ADDRESS* _____

_____ APT# _____

CITY* _____ PROVINCE* _____ POSTAL CODE* _____

TEL (Home)* (____) _____ - _____ TEL (Day)* (____) _____ - _____

Mobile (____) _____ - _____ e-mail _____

PROVINCIAL DRIVERS LICENCE*: YES _____ NO _____ ISSUING PROV.* _____

BIRTHDATE* __MM__ / __DD__ / __YY__ NOTE: Applicants under age 18 must submit a **Consent and Release by Parent or Guardian** form.

Current CASC Ontario Membership Info: REQUIRED FOR ALL LICENCE HOLDERS – NO EXCEPTIONS

CLUB NAME* _____ MEMBER SINCE* _____

Previous Competition Licence (CASC, SCCA, other)

ISSUING ORGANIZATION _____ YEAR _____

RACE DIVISION ONLY: Contact the Race Registrar for car numbers:
at email raceregistrar@casc.on.ca

Payment Info

Cheque ** VISA MASTERCARD AMERICAN EXPRESS

CHEQUES MUST BE PAYABLE TO "CANADIAN AUTOMOBILE SPORT CLUBS" – NO ABBREVIATIONS WILL BE ACCEPTED BY BANK

CARDHOLDER NAME _____ CARD NUMBER _____

EXPIRY DATE __MM__ / __YY__ 3-DIGIT CVD _____ SIGNATURE _____

Declaration, Waiver and Undertaking

I, the undersigned, hereby apply to the Canadian Automobile Sport Clubs, Ontario Region for a motorsport competition licence. I undertake to submit to and be bound by the International Sporting Code of the FIA, the General Competition Rules of CASC-Ontario Region, and the applicable regulations of CASC-OR and its divisions.

I certify that all information given above is correct. In consideration of my being granted a competition licence, I acknowledge and accept:

- (a) That my competition licence permits me to participate as a competitor only in the types of event for which I am so licenced;
- (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 my being so licenced, I assume all such risks myself.

I for myself, my heirs, executors, and administrators hereby remise, release and forever discharge CASC-OR, its member clubs, the owners, sponsors, and drivers of other cars participating with me in any such event, the owners and occupiers of the premises on which 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 action, claims and demands whatsoever for any loss or injury suffered by me in connection with, any event in which it is intended that I or my car participate, whether or not such loss or injury results wholly or partly from negligence on the part of any of the persons hereby released and I undertake not to use any drug considered illegal. I am aware that the Medical Commission of FIA has warned all licencees about the possible danger in the use of certain classes of medications. These classes of medication are: (a) hypnotics, sedatives, tranquilizers, and antidepressants; (b) antinauseants and antiemetics; (c) muscle relaxants; (d) anticonvulsants; (e) antihistamines.

IN WITNESS WHEREOF I have hereunto set my hand at: (CITY) _____ (PROVINCE) _____

this _____ day of _____, 20____. Applicant Signature _____

Witness Signature _____ Witness Address _____

THIS LICENCE APPLICATION IS MY

First Renewal

I AM APPLYING FOR

RACE: \$282.50 HST In

ICE Race: \$84.75 HST In

AUTOSLALOM \$40.00 HST In

TIME ATTACK \$25.00 HST In

TEMP: \$10.00 HST in*
* one use only licence

Use my photo on file
 new photo included

RUSH SURCHARGE: 50% of Licence Fee if required within 7 days of competition event

Mail To: CANADIAN AUTOMOBILE SPORT CLUBS, ONTARIO REGION, 7250 Keele St., Suite 413, Vaughan, ON, L4Z 1K8

Fax To: (416) 667 9555; **or Email to:** office@casc.on.ca