

**NATIONAL SUPER RODS**  
**Drivers Licence Application 2024**

Return to: 77a Park Road, Hagley, West mids, DY9 0QQ

**THIS AGREEMENT** is made between **NATIONAL SUPER RODS**  
And

**FULL NAME** ..... on

**Date**..... terminating on 31<sup>st</sup> December 2024

I the undersigned apply to NATIONAL SUPER RODS to race in the 2024 season. In consideration therefore I agree as follows:-

1. I have read this agreement and approved it and agree to abide by the rules and conditions as set out below. I am over 18.
2. I fully understand the nature and type of racing in which I wish to participate and I am also fully familiar with the nature, layout, features and geography of the circuits upon which I wish to race.
3. I am satisfied that all such circuits are safe for me to race upon and that should I at any time have any doubts as to their safety I am entitled to decline to race thereon, and that I may inspect each circuit prior to racing.
4. I undertake not to take part, in a race meeting as a person or allow my Competition Car, name or Racing number to be used in any other promotions advertising, at any time within the dates of this agreement, other than with NATIONAL SUPER RODS approved racing organizations, or without written permission of NATIONAL SUPER RODS.
5. I agree to abide by the rules as laid down, from time to time by NATIONAL SUPER RODS.
6. I hereby give NATIONAL SUPER RODS the right to use my name and racing number for the purposes of advertising or publicity as they see fit.
7. I will pay NATIONAL SUPER RODS on the signing of this agreement, the sum of £50.00 NATIONAL SUPER RODS will, on acceptance of this agreement, supply me with a Driving (Racing) License and Number (exclusive to myself for the period of this agreement).
8. I will not cause, or be part of or in any way be involved with any action which would or could disrupt a race meeting, or smooth running of the promotion.

**MEDICAL QUESTIONNAIRE – MUST BE COMPLETED**

I hereby warrant the following answers are true in respect of my medical condition.

a. Do you suffer from Epilepsy or sudden attacks of disabling giddiness?

YES/NO

b. Are you suffering from any defect in movement or muscular power?

YES/NO

c. Are you suffering from any disease, medical condition mental or physical or disability which may cause the driving by you in a competition car to be a source of danger to yourself or others on the track or on any Stadium Property ?

YES/NO

d. Do you suffer from back or neck problems which have caused you to visit a Doctor in the last 12 months.

YES/NO

e. Do you suffer from any eyesight disorder that would prevent you from reading at a distance of 20m in good daylight (with glasses if worn) a Motor Car Registration Plate containing up to 7 digits.

YES/NO

f. Are you colour blind.

YES/NO

g. Have you suffered any race injuries which have resulted in you receiving hospital treatment in the last 5 years? If so please give full details on a separate sheet.

YES/NO

If you answered YES to any of the above medical questions, A DOCTORS LETTER WILL BE REQUIRED prior to a racing license being issued

**DRIVERS CONTRACT NOTES**  
**PLEASE READ THESE NOTES VERY CAREFULLY**  
**BEFORE COMPLETING YOUR CONTRACT**

1 .This contract must be filled in correctly in INK, in every respect and must be accompanied by Payment as detailed on page 1 paragraph 7. Please print clearly your **NAME, ADDRESS WITH POSTCODE & CONTACT TELEPHONE NUMBERS**, as this needs to be copied on all communications. You must also notify us of change of address, telephone numbers or name immediately.

2. **YOU MUST supply 2 colour photographs of yourself with this agreement; otherwise your application will be refused.** Please print your name clearly on the back of each photo.

---

**DRIVER DECLARATION**

DRIVERS FULL NAME (BLOCKCAPS).....  
.....RACE NUMBER REQUESTED.....  
DRIVERS DATE OF BIRTH.....AGE LAST BIRTHDAY.....  
ADDRESS (BLOCK CAPS).....  
.....POST CODE.....  
CONTACT NUMBERS- Please indicate if we may give each number out to other drivers  
HOME ..... Y/N  
WORK ..... Y/N  
MOBILE ..... Y/N  
.E.MAIL..... Y/N

*I declare to the best of my knowledge & belief that the above answers are true.  
I enclose Cheque/Cash £50 or Bank transfere*

*SIGNED by applicant.....*

*SIGNED for National Super Rods.....*

*This Page Only For Office Use*

.....

*PHOTO*

.....

*Date Approved.....*

*Payment method.....*

*Race Number.....*

*Licence Despatched On.....*