

2024 Application for a Circuit Powerboat Association Competition Licence



SECTION 1A | YOUR DETAILS (Please write clearly in block capitals)

Surname _____
First name(s) _____
Address _____

Postcode _____
Date of Birth _____ Age _____
Phone number _____ Mobile number _____
Email address _____

CURRENT PHOTOGRAPH
Affix photo

Gender	<input checked="" type="checkbox"/>
Female	<input type="checkbox"/>
Male	<input type="checkbox"/>
Non-binary or Gender Fluid	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

Disability	<input checked="" type="checkbox"/>
Do you consider yourself to have a disability or long term condition?	<input type="checkbox"/>
YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

Previous Licence Number _____

Affiliated Club _____

Ethnicity	
Asian/Asian British <input type="checkbox"/>	Black/African/Caribbean/Black British <input type="checkbox"/>
Mixed/Multiple ethnic groups <input type="checkbox"/>	White <input type="checkbox"/>
Other ethnic group <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>

SECTION 1B | EMERGENCY CONTACT (Must be completed by all applicants)

If you are under 18, please provide the details of a parent or legal guardian. For over 18s, please provide details for your emergency contact. Failure to complete this section may delay your application.

Full name _____
Phone number _____
Email address _____

If your parent, legal guardian or emergency contact lives at a different address to you, please provide below

SECTION 1C | ACTIVE CPA AFFILIATED CLUB ENDORSEMENT

This form should only be signed and submitted to the CPA when completed accurately. I, the undersigned, certify that I know of no reason why this licence should not be issued, and that the applicant is a member of this club/association. This application also complies to the best of my knowledge, with the rules of licence renewals or first application.

Affiliated Club _____

Address _____

Date _____ Club Position _____ Print Name _____ Signed _____

SECTION 1D | IMMERSION & MICRODIVE TEST INFORMATION

If you are racing in a class that requires an Immersion & Microdive Test (i.e. restrained/canopied boats then you must have undertaken your test before applying for your licence.

Immersion Test Date _____ Microdive Test Date _____

Immersion Test with Air: _____ Unique Student No _____

Immersion Test With Canopy _____ Immersion Test with Neck Restraint _____

An alternative diving qualification to Microdive may be accepted as long as it is traceable and still current

Microdive Refresher courses must be taken annually after the initial qualification is obtained. As an alternative, evidence of diving via approved centres within the previous year will need to be produced in place of a Microdive refresher course.

Microdive Refresher Location & Date _____

SECTION 2A | THE LICENCE CLASSES & STATUS RACED

Note: You must only select classes that you are competent /beginner status in.
Only the greater application fee will be charged.

UIM SUPERLICENCE FEE TO BE PAID DIRECT TO UIM – PLEASE SEE UIM WEBSITE FOR DETAILS

UIM Super Licence Class	CPA Fee ✓	UIM Fee Paid ✓	7 Day ✓	48 Hours ✓
F1 (Super License fee to UIM + CPA Fee)	£430		£50	£100
F2 (Super License fee to UIM + CPA Fee)	£430		£50	£100
F4 (Super License fee to UIM + CPA Fee)	£430		£50	£100
E1 (Super License fee to UIM + CPA Fee) *	£430		£50	£100

ALL CLASSES - CLUB, NATIONAL, INTERNATIONAL

Class	Basic ✓	International ✓	7 Day ✓	48 Hours ✓
Formula Grand Prix - Supercat, F1, F2	£380	£430	£50	£100
Formula Grand Prix Light - F4, S850, F3	£380	£430	£50	£100
GT Monohull Unlimited (Mono over 1.3L)	£380	£430	£50	£100
GT Monohull Light (Mono under 1.3L)	£380	£430	£50	£100
GT Monohull Co-Driver <i>(If you are trained as a Driver, please just tick driver)</i>	£170	N/A	£50	£100
GT30 Monohull	£380	£430	£50	£100
GT30 Monohull (Under 18)	£190	£240	£50	£100
GT15 Monohull	£190	£240	£50	£100
Hydroplane F 350/O 350	£380	£430	£50	£100
Hydroplane F 250/O 250	£380	£430	£50	£100
Hydroplane F 125/O 125	£380	£430	£50	£100
Hydroplane OSY400	£380	£430	£50	£100
Hydroplane OSY400 (Under 18)	£190	£240	£50	£100
Hydroplane Outboard and Inboard F500 FR1000	£380	£430	£50	£100

50% discount for new drivers and those with 5 years absence on full license, training must be completed.

Payments:

To the Circuit PA Ltd
By BACS to Barclays Bank
Circuit PA Ltd
Sort Code: 20-49-17
Acc No: 10131555

Please allow 15 working days for the processing of your licence(s).

Need your licence in a hurry?
Opt in for 7-day £50 or 48-hour turnaround £100

Total Fee Transferred	
Licence	
Fast Turnaround Fee	
Total Fee CPA	
Proof of Payment ✓	

PROOF OF PAYMENT

SECTION 3 | YOUR MEDICAL SELF-DECLARATION

MANDATORY FOR ALL APPLICANTS. All questions below **MUST** be answered by all competitors regardless of age. Failure to complete this section may result in your application form being returned to you. In all cases if you answer YES please list and explain.

Applicant's full name _____

Registered Doctors name & address _____

	YES	NO
1. Have you ever been refused or had any restrictions imposed on life assurance for medical reasons?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you take, or have you recently within the last 12 months taken any of the substances on the World Anti-Doping Agency prohibited list? (www.wada-ama.org)	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had a history of drug or alcohol abuse in a way that's harmful, or been dependent on alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever suffered with a severe allergic reaction, (requiring hospital treatment), or do you carry an EpiPen, or similar device?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever been diagnosed with diabetes or treated with insulin or drugs to lower your blood sugar?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you any history of any neurological disorder, including epilepsy, seizures, fits, dizziness, loss of balance, blackouts, faints, or any disorder where you may suffer loss of consciousness?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever been diagnosed with obstructive sleep apnoea, or narcolepsy?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever had any serious head injury resulting in loss of consciousness, or have you ever had concussion?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever had a stroke, cerebrovascular accident or transient ischaemic attack (CVA or TIA)?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever been diagnosed with heart disease, or any heart disorder, including any arrhythmia, angina, or high blood pressure (hypertension)?	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you ever had a heart attack (Myocardial Infarction) or had cardiac surgery such as a coronary artery bypass (CABG) or cardiac catheterisation for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you take any anticoagulant drugs (excluding aspirin) to thin the blood e.g. Warfarin, Apixaban etc.?	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you have any implanted devices e.g. pacemaker, defibrillator etc.?	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you ever had any psychiatric illness or condition or mental disorder, including treatment for depression?	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you ever had any neurodevelopmental condition including Attention Deficit Hyperactivity Disorder (ADHD) or Autism Spectrum Disorder (ASD) e.g. Aspergers?	<input type="checkbox"/>	<input type="checkbox"/>
16. Do you have any congenital abnormality of any limbs, amputation, or any other disability or any physical problem with, or permanent difficulty in using your arms or legs for driving?	<input type="checkbox"/>	<input type="checkbox"/>
17. Do you wear corrective lenses (contact lenses or glasses) for driving, including competition?	<input type="checkbox"/>	<input type="checkbox"/>
18. Are you profoundly deaf and unable to hear?	<input type="checkbox"/>	<input type="checkbox"/>
19. Have you had any operations or surgical procedures in the last 2 years?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you been diagnosed with, or treated for any condition that you think may be relevant, or that may affect your ability to control or get in and out of a vehicle?	<input type="checkbox"/>	<input type="checkbox"/>

If you have ticked 'Yes' to anything please provide further details including the date of diagnosis / injury / surgery, and the treatment / name of any medication you received or are still receiving.

I declare that the statements made to the CPA in section 3 regarding my physical and mental condition and any previous injury or illness is true and accurate. I further declare that if subsequent to being granted a licence I should suffer any illness or accident which might be liable to affect its validity I will declare this to the CPA so that the CPA can consider whether I should take part in subsequent competition. If information is withheld, misleading or false, you may be liable to suspension of your CPA licence. I authorise any hospital or medical practitioner to provide information relating to my medical condition to the CPA Medical Officer for the purpose only of helping that Doctor decide if I am fit to undertake powerboat racing. If there is a declared medical condition or prescribed medication listed in the relevant sections of this form, then by signing this application I consent to this application being shared with the appropriate CPA committee or panel for review

Print Name _____

Signed _____

Date _____

SECTION 4 | MEDICAL NOTES FOR COMPETITORS & DOCTORS

Competitors in powerboat races held under the jurisdiction of the CPA and the CPA affiliated clubs are required to pass the CPA approved medical examination section 4A.

Competitors that turn sixty years of age within an upcoming season must complete a section 4B extended medical. Competitors must have the medical 4B at the following age intervals: 60, 65, 70, 72 and annually from 74. (If a 4B medical age interval is missed for example no licence application, this must be completed with the next licence application and then as per the standard age interval)

The 4B medical section can be requested by the CPA or any examining doctor if the applicant's health condition has changed or further examination is required due to a continued health issue. This can be used for under 60's also.

No Powerboat Racing licence will be issued until the required Medical Examination Forms are completed and signed by a Registered Medical Practitioner.

Competitors are required to declare any physical or mental disability.

Competitors must sign the declaration which permits the CPA to request details of their medical history from their General Practitioner or from any hospital or other practitioner.

For this reason the examining Doctor is asked to ensure that his full address is entered upon the form. The fees for the Medical Examination and any Specialist Examinations are the responsibility of the applicant (competitor) and not the CPA, and would normally be expected to follow the guidelines currently recommended by the BMA.

The medical examination should be carried out to a standard similar to that required for Life insurance. Diabetics may apply to the CPA Medical Officer for the issue of a licence to be considered. Epileptic applicants will not be issued for a licence to race.

Applicants who have had, or still suffer from the following may be regarded as unfit to hold a powerboat licence:

- (i) Myocardial infarction
- (ii) Myocardial ischaemia
- (iii) Coronary artery by-pass surgery
- (iv) Serious valvular disease of the heart or other cardio vascular conditions which give rise to cardiopulmonary problems
- (v) Severe hypertension which has given rise to cardiopulmonary problems
- (vi) Misuse/abuse of alcohol or illicit drugs in the last 3 years

Amputations of any type could be incompatible with fitness to race apart from minor amputations of one or two fingers where the normal function of the hand is unimpaired. Absence of a thumb could also be incompatible with fitness. Where the functioning of the limbs is limited free movement should not be less than 50% or normal capability.

Patients requiring the use of any orthopaedic appliance should declare this so that specific consideration can be made of the case by the CPA Medical Officer.

Eyesight:

Normal binocular vision is required with full visual fields, normal eye movements and normal stereoscopic vision. Normal colour vision is required. (Note: if colour deficiency – this can be referred to CPA Medical Officer for second opinion)

The vision in each eye to be at least 6/9 either before or after correction

If glasses or contact lenses are worn this should be stated on the form

Contact lenses may be worn provided there is reasonable vision in both eyes without the lenses in place.

The visual acuity in each eye to be stated both with and without the contact lenses in place

The examiner should bear in mind that powerboat racing may take place at high speeds over turbulent water in confined areas, or upon waters used by the public, when considering the suitability of the application (competitor).

Note: Some Alternative Medical Certificates may be acceptable providing the medical examination conforms to the CPA criteria (subject to approval of Medical Panel). These certificates are only valid in the year in which they were originally issued; therefore an annual medical examination is still required for subsequent years.

SECTION 4A | MEDICAL REPORT FOR ALL APPLICANTS

1. Competitor's Full Name (print)	DOB:
DOCTOR'S STAMP	<p>CURRENT PHOTOGRAPH</p> <p>Affix photo.</p> <p>Doctor to confirm this is the person who was examined by SIGNING ACROSS PHOTO</p>
2. Are you the registered medical practitioner of the applicant?	YES / NO
3. Is there evidence of abnormality of the Heart, Cardiovascular or Respiratory Systems?	YES / NO
Blood pressure reading	/ mmHg
Has the applicant had an ECG?	YES / NO
If YES was this normal? If abnormal provide report.	YES / NO
4. Is there evidence of physical or mental condition, past or present, which should, in your opinion, debar the applicant from competitive powerboat racing?	YES / NO
5. Is there any abnormality or restriction of movement of arms or legs?	YES / NO
6 Vision – UNCORRECTED	R eye ____/____ L eye ____/____
Vision – CORRECTED with method used for racing (specify method)	R eye ____/____ L eye ____/____ Glasses / contact lenses
Pupil reaction – light and accommodation	R eye: NORMAL / ABNORMAL L eye: NORMAL / ABNORMAL
Field of vision	R eye: NORMAL / ABNORMAL L eye: NORMAL / ABNORMAL
Is there any abnormality of colour vision? If Yes can they distinguish between Red and Green	YES / NO YES/NO
7 Specify findings of urine analysis	Protein____ Glucose____ Blood____
Urine Tested within 12 months?	YES / NO
8 Has the applicant been prescribed any medications in the past 12 months? If YES please list medications below and the reason for taking.	YES / NO
In your opinion is any of the medication likely to interfere with the applicant's ability to partake in powerboat racing?	YES / NO
9 Is there any evidence that the applicant has misused drugs or alcohol in the past 3 years?	YES / NO
Further details (if necessary continue on separate sheet, attach, stamp and sign each sheet).	
Should a Doctor not approve the applicant, the Medical Examiner's Report should NOT be signed, but should be forwarded to the CPA with his/her comments recommending whether or not the applicant should be referred to the CPA Hon. Medical Officer.	
<i>This is to certify that I have today examined the applicant in accordance with the requirements of this form 4A and advisory notes, and declare that in my opinion he/she is fit to drive a powerboat in competitive races.</i>	
Doctor's Signature	Print Name:
Date:	Qualifications:

SECTION 4B | EXTENDED MEDICAL REPORT

Applicant's full name _____

Registered Doctors name & address _____

Doctor's name

Doctor's practice stamp/contact details including GMC registration no.

Date of Birth _____

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Are you the applicant's registered General Practitioner? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the 12 lead resting ECG normal? Required for applicants aged 60 and over | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. When was the 12 lead resting ECG performed?
The 'normal' answer to each question below is 'NO'. In respect of each 'YES' response, further details should be provided in the doctor's comments section. | | |
| 4. Is there any evidence of abnormality of the heart or cardiovascular system? If 'Yes', give details below. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is there any evidence of any mental health condition in the applicant's medical history? If 'Yes', give details below. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Has the applicant suffered from epilepsy, seizures or any other neurological conditions? If 'Yes', give details below. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is there any abnormality of tone, reflexes and ROM of any limb? If 'Yes', give details below. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Was there evidence of haematuria, proteinuria or glycosuria on urinalysis? If 'Yes', give details below. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is there any reason why the applicant should not participate in motorsport? If 'Yes', please give details below. | <input type="checkbox"/> | <input type="checkbox"/> |

If you have ticked 'YES' to any of the questions above, or if you are unsure of the applicant's fitness to participate in powerboat racing and wish to refer the applicant for further assessment to the CPA medical advisor, please give details below.

Doctor's comments

Print Name _____ Signed _____ Date _____

Please note: Your Competition Licence must be issued within 3 months of the date of having this medical examination and/or vision test. If your 2024 licence application is not submitted and processed within 3 months of the above date, the medical examination must be revalidated by the examining doctor before your licence(s) can be issued.

SECTION 5 | LICENCE DECLARATION

DECLARATION

- a) I will not take any action which brings the UIM, the CPA or the sport into disrepute.
- b) I agree to be bound by the rules of the UIM and the CPA, and will not compete in any unauthorised event.
I confirm that my application meets these requirements.
- c) I do not hold, and will not apply for a licence from another national authority whilst my CPA licence remains valid.
- d) I understand that I can only hold 1 powerboat racing licence per calendar year with my rightful National Authority.
- e) I understand that it is my responsibility to familiarise myself with each specific Risk Assessment & Advance Programme / Race Instructions relating to the events that I compete in and that it is also my own responsibility to ensure that the event organiser has adequate insurance cover in place at each event.
- f) The medical certificate has been completed and signed.
- g) Identification of Risk
I am fully aware and conscious of the actual and potential risks involved in active water sports, including drowning, hypothermia, physical injuries or death.
I accept that, by engaging in active water sports, my physical safety could be endangered. I am also aware that other competitors' actions, or inactions of the organisers of water sports events, including the drivers of safety craft, can also endanger my physical safety.
- h) I have read and understood the General Racing rules in the class specific rules, to which my licence refers, and the International Regulations for Preventing Collisions at Sea and or Lake/Water Authority Officials.
I am aware that Harbour & Park Authorities apply bye-laws and regulations and I agree to conform to such bye-laws and regulations when using their waters.
I am aware that non-compliance of any of the above rules and regulations could result in CPA disciplinary action.
To the best of my knowledge the information given on this form is correct and complete.
- i) Acknowledgement of Risk
I acknowledge that it is up to me personally to assess whether any event or activity on the water is too difficult for me or my crew. I acknowledge that the safety of my boat and her entire management including insurance is solely my responsibility, and I am satisfied that the boat and crew are adequate to face the conditions that may arise in the course of the race.

I acknowledge that scrutineering does not constitute a condition survey of the craft and it is solely my responsibility to decide whether or not to start or to continue in any powerboat race. I acknowledge that the efficiency of the helmets, Neck Restraints & Racing vests worn is solely my responsibility.

I have read, understood and agree to abide by the rules set out in PB2 (National Circuit Racing rule book) and UIM where applicable.

I also confirm that I have read & understood the Powerboat Racing Charter and Risk Statement.

NOTE: THE CPA RESERVES THE RIGHT TO REFUSE THE ISSUE OF & REVOKE AT ANYTIME, A POWERBOAT RACING LICENCE AT ITS DISCRETION.

APPLICANT'S SIGNATURE _____

If the applicant is under the age of 18 years this declaration shall be countersigned by parent or guardian.
Such signature shall be deemed as approval for the CPA to issue the licence for which application is made.

If applicable, Parent or Guardian's Signature _____

3. Medication Details

Prohibited Substance (s) Generic Name	Dose	Route	Frequency
1.			
2.			
3.			

Intended duration of Treatment – please tick below			
Only Once	<input type="checkbox"/>	Emergency	<input type="checkbox"/>
Or duration (week/month)		<input type="text"/>	<input type="text"/>

Have you submitted any previous TUE applications :	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
For which substance :				
To whom?	<input type="text"/>	When?	<input type="text"/>	
Decision: please tick below				
Approved	<input type="checkbox"/>	Not Approved	<input type="checkbox"/>	UK Sport TUE Number

4. Medical practitioner's declaration:

I certify that the above-mentioned treatment is medically appropriate and that the use of alternative medications not on the Prohibited List would be unsatisfactory for this condition.

Name	<input type="text"/>	Medical Speciality	<input type="text"/>	
Address	<input type="text"/>			
			Post Code	<input type="text"/>
Telephone Number	<input type="text"/>	Email	<input type="text"/>	
Signature of Practitioner	<input type="text"/>			Date
<input type="text"/>				

5. Athlete's Declaration

<p>I..... certify that the information under Section 1 is accurate and that I am requesting approval to use a substance or method from the WADA Prohibited List. I authorise the release of personal medical information to the Anti-Doping Organisation (ADO) as well as to WADA staff, to the WADA TUEC (Therapeutic Use Exemption Committee) also the UIM Medical Panel, and to other ADO under the provisions of the Code. I understand that if I ever wish to revoke the right of these organisations to obtain my health information on my behalf, I must notify my medical practitioner and my ADO in writing of that fact.</p>			
Athletes Signature	<input type="text"/>	Date	<input type="text"/>
<p>If the athlete is a minor or has a disability preventing him/her to sign this form, a parent or guardian shall sign together with or on behalf of the athlete.</p>			
Parent/Guardian Signature	<input type="text"/>	Date	<input type="text"/>

6. Important Note

Diagnosis:

- Evidence confirming the diagnosis must be attached and forwarded with this application. The medical evidence should include a comprehensive medical history and the results of all relevant examinations, laboratory investigations and imaging studies. Copies of the original reports or letters should be included when possible. Evidence should be as objective as possible in the clinical circumstances and in the case of non-demonstrable conditions independent supporting medical opinion will assist this application.
- Standard TUE applications are reviewed by an independent panel of three medical experts. Please bear in mind that the quantity and relevance of the supporting medical evidence supplied can have an impact on the application's outcome.

Please submit the completed TUE form to the CPA, along with your completed Licence Application form **If this Form is produced without the CPA stamp it is NOT VALID**

OFFICE USE ONLY	Validation Stamp
Name :	
Signature :	

SECTION 8 | INTERNATIONAL LICENCE - ANTI DOPING ACKNOWLEDGMENT

This Form must be signed and returned with any application for an International Powerboat Racing Licence as the CPA/BPBA have to submit this form to the UIM for every International Licence Holder.

APPENDIX 2 - Acknowledgment and Agreement

I, as a member of [National Association] : CPA/BPBA and/or a participant in an CPA/BPBA or UIM authorized or recognized event, hereby acknowledge and agree as follows:

1. I have received and had an opportunity to review the UIM Anti-Doping Rules.
2. I consent and agree to comply with and be bound by all of the provisions of the UIM Anti-Doping Rules, including but not limited to, all amendments to the Anti-Doping Rules and all International Standards incorporated in the Anti-Doping Rules.
3. I acknowledge and agree that [National Associations and UIM] have jurisdiction to impose sanctions as provided in the UIM Anti-Doping Rules.
4. I also acknowledge and agree that any dispute arising out of a decision made pursuant to the UIM Anti-Doping Rules, after exhaustion of the process expressly provided for in the UIM Anti-Doping Rules, may be appealed exclusively as provided in Article 13 of the UIM Anti- Doping Rules to an appellate body for final and binding arbitration, which in the case of International-Level Drivers is the Court of Arbitration for Sport (CAS)
I agree that all decisions of CAS under the rules shall be final and binding and that I will not bring any claim, arbitration, lawsuit or litigation in any other court or tribunal.
5. I have read and understand this Acknowledgement and Agreement.

Print Name _____

Date of Birth _____

Signed _____ Date _____

or, if a minor, signature of legal guardian

SECTION 9 | NEXT OF KIN

Next of Kin/Persons to inform in the event of a serious accident

All competitors MUST give the names of the person they wish to be informed in the event of a serious incident. You must have their permission to provide their address and telephone number details and they MUST sign the form below. Their details will be included on your licence. Please ensure the CPA are advised if these details should change.

IN THE EVENT OF A SERIOUS ACCIDENT, THE RACE OFFICIALS WITH THE ASSISTANCE OF THE AUTHORITIES WILL ENDEAVOUR TO INFORM THE FOLLOWING PERSON/S ON BEHALF OF THE NAMED CREW MEMBERS.

Competitor's Name		Class	
Name of Person to Inform			
Relationship			
Address			
Phone Number			
Signature of Person to Inform		Date	
Do you have any allergies, injuries or taking any medication prescribed or un-prescribed that we should know about, please list:			
Competitor's Signature		Date	

SECTION 10 | RESTRAINT SYSTEMS DISCLAIMER (One per boat)

TO BE COMPLETED BY RETRAINED COMPETITORS ONLY

“I confirm that I have read and understood the UIM, the CPA and the APBA rules regarding restraint systems and confirm that the boat entered for the event in which I am taking part has been constructed to and conforms with these rules. I further undertake not to hold the UIM, my National Authority, the APBA, the Organising Club, or any of the servants or agents of the foregoing, nor any other person connected with the organisation of the event, responsible for any personal injury incurred by my wearing this restraint system. I will also produce on demand a copy of my National Authority’s rules for restrained cockpits.”

I accept that, as a competitor competing in a boat with cockpit safety cells and restraints, I am responsible for my own safety and that, in the event of capsize, my survival depends on my own ability to extract myself from the boat. While I acknowledge that limited safety cover at the event may be available to assist, I accept that this assistance cannot be relied upon and is considered as secondary to my own capacity for self-extraction. I acknowledge that the CPA require that all crews in restraint boats take a scuba diving course such as provided by Microdive, PADI or BASC, which must be refreshed every 14 months.

Name of Competitor _____

Signed _____

Date _____

SECTION 11 - 2024 Race Number

Circuit Boat Number Registration

Please fill in the relevant box with your preferred Race Number & return with your application form.

Classification		1st Choice	2nd Choice
GT15	numbers 2-99 inclusive		
GT30	numbers 2-99 inclusive		
T850	numbers 2-99 inclusive		
Clubman Monohull	numbers 2-99 inclusive		
F4	numbers 2-99 inclusive		
F2 & S/Cat	numbers 2-99 inclusive		
Hydroplane	numbers 2-99 inclusive		

Our commitment

We are committed to safeguarding your privacy whilst also providing the highest possible quality of service. We will only use the information that we collect about you lawfully and in accordance with the Data Protection Act 1998 and other current UK legislation. If you have questions concerning the use or storage of your personal information, or regarding our marketing and communications practices, please feel free to contact us.

Information Collection

We collect information from details that you personally supply to us in Licence Application Forms, Race Entry Forms, feedback and registration forms and/or from e-mail messages you send to us.

Use of Personal Information

We may use the information that you provide to us for any of the following purposes:

- To follow up or process any requests you make
- To provide you with news and information about our products and services
- To improve the information and support that we provide
- For marketing research purposes

Disclosure of personal information

We will only disclose your information to third parties where we are obliged or permitted to do so by law. We work with several approved business partners in various vertical and geographic markets and it may be beneficial for one of our partners to contact you to provide more specific information or assistance. If you do not wish to be contacted in this way, please advise us of this when making an enquiry.