

Tick as appropriate	Driver	<input type="checkbox"/>	Co-Driver	<input type="checkbox"/>
---------------------	--------	--------------------------	-----------	--------------------------

Class	
Licence No.	

EVENT LICENCES MUST BE ISSUED FOLLOWING THE CURRENT CPA RULES AND AGE RESTRICTIONS AND CANNOT BE ISSUED FOR NATIONAL EVENTS. MAXIMUM 2 LICENCES PER YEAR

An event licence provides the holder with a temporary Powerboat Racing licence valid only for the duration of the activity for which it was issued and restricted to the class authorised by the event Officer of the Day (OOD). Applicants who reach sixty years of age on the day of, or before the training session, must pass a medical with the extended medical before attending training or a powerboat experience/taster session.

Medical information is located in Section 4 (pages 4-6) of the [2026 CPA Licence Application Form](#).

This will require CPA approval before the licence can be issued.

Section 1a - YOUR DETAILS (please write clearly in block capitals)

Full name			
Address			
		Postcode	
Date of Birth		Age	
Previous Licence no.		Phone	
Club (if applicable)		Email	

Section 1b - YOUR NEXT OF KIN DETAILS

In the event of a serious accident, the club officials, with the assistance of the authorities, will endeavour to inform the following person/s. Participants must obtain permission to provide the name, address, and phone number of the person they wish to be informed, before completing this section. The next of kin must sign the form below.

Name of Person to Inform		Relationship	
Address if different to the applicant		Email	
Signature of person to inform		Phone no.	

Section 1c - ACTIVE CPA AFFILIATED CLUB ENDORSEMENT

The club official should complete this section once the rest of the form has been fully completed. If any medical questions have been answered 'Yes', CPA approval will be required before the licence can be issued.

I, the undersigned, certify that I know of no reason why this licence should not be issued. The application form has been completed correctly and complies, to the best of my knowledge, with the applicable rules. I confirm that I have reviewed the Medical Self Declaration and no significant medical issues have been declared.

Name of Club Official		Club	LOBMBC	SWSC
			LPRC	WMBRC
Signature of Club Official		Position		
		Date		

SECTION 2a – RISK STATEMENT

Powerboat Racing is, by its nature, a dangerous sport and therefore inherently involves an element of risk. However, I understand that having a good knowledge of the rules and ensuring that my equipment is in good working order will help to minimise risks.

By participating in or becoming involved with Powerboat events organised by CPA-affiliated clubs either as a participant, team member or otherwise, individuals agree and acknowledge that:

I.	They are aware of the inherent risks involved in the sport and accept responsibility for exposing themselves to such inherent risks, including risks to their person, their property, drowning, hypothermia, collision injuries burns and other physical injuries as well as possible death.
II.	They have satisfied themselves that they have the necessary skill and knowledge to take part in the event and deal with the conditions that may arise during an event.
III.	They will not participate in the event whilst under the undue influence of alcohol, or drugs or whilst otherwise unfit to participate.
IV.	They are responsible for the safety of themselves, their crew, their boat, and their property whether afloat or ashore and that the management of their boat including insurance is solely their responsibility.
V.	Scrutineering does not constitute a condition survey of the boat, and it is solely their responsibility to decide whether or not to start or to continue in any powerboat event.
VI.	Ensuring the efficiency and suitability of the helmets and racing vests worn is solely their responsibility.
VII.	The provision of a race management team, rescue and patrol boats, and other volunteers by the event organisers does not relieve them of their responsibilities.
VIII.	The provision of rescue and patrol boat cover is limited to such assistance particularly in extreme weather conditions as can be practically provided in the circumstances.
IX.	To be bound by the conditions of the event, Race Entry Form, Racing Instructions, Advance Programme, and the General Competition Rules of the UIM and the CPA.
X.	They will accept the decisions of the organising committee and officials nominated by the organising committee.
XI.	They understand that it is their responsibility to ensure that the event has suitable insurance cover in place before participating and it is also their responsibility to ensure that they familiarise themselves with event Risk Assessments & Race Instructions / Advance Programme and Bulletins before participating.

SECTION 2b - INDEMNITY

Participants in the event will be required, when signing on to the event, to save harmless and keep indemnified:

a)	The owners of the premises at which the event is held.
b)	The organising club, sponsors, the CPA and their respective officials, servants, and agents.
c)	The other boat owners, drivers, co-drivers, or mechanics engaged in the meeting (ie. the “Indemnified Parties”) AGAINST all actions, claims, costs, expenses and demands in respect of loss of or damage to the property of or personal injury sustained to the Indemnified Parties to the extent caused by the participants, their crew, their boat, their mechanics, support team, representatives or agents.

SECTION 2c – IMPORTANT NOTES

a)	Persons under the age of 18 must have written authority signed by either Parent or Guardian.
b)	The responsibility for the competitor's decision to participate in an event or to continue participating is theirs alone.
c)	I agree / I do not agree that images of me, my crew, and my boat taken at the event may be used by the CPA and the organisers for media use and to promote the sport.
d)	The information provided on this form will be used to process your application for an Event Licence. Your information will be passed from your Club to the CPA where your application will be processed. The CPA will dispose of this form once your application has been processed. The CPA may retain and use the information provided on this form to contact you in connection with your licence or to verify the status of your licence. Your personal information is being processed to fulfil our contract with you. Your information will be handled following the CPA's privacy policy which can be found at office@ukcircuitracing.com. If your club wish to use your personal information for other purposes, such as to provide to sponsors they will inform you directly.

TO BE COMPLETED BY APPLICANT

Applicant Signature	<input data-bbox="379 1888 1118 1966" type="text"/>	Date:	<input data-bbox="1123 1888 1517 1966" type="text"/>
If the applicant is under the age of 18 years this declaration must be countersigned by a parent or guardian. Such signature shall be deemed as their approval for the Club/CPA to issue the licence for which the application is made.			
If applicable. Parent or guardian signature	<input data-bbox="379 2033 1517 2112" type="text"/>		

Licence Number:

Section 3 - Your Medical Self Declaration

All questions must be answered regardless of age. If you have ticked 'Yes' to anything above, please provide further details on the reverse of this page. Include the date of diagnosis/injury/surgery, and the treatment or name of any medication you received or are still receiving.		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 from 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, fainting 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 a 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 any 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"/>

I declare that the statements made to the CPA in section 3 regarding my physical and mental condition and any previous injury or illness are true and accurate. I further declare that if after 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 this or subsequent competition.

If information is withheld, misleading or false, you may be liable to forfeit any payment made for the event.

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, understanding that this may result in me not taking part in the event.

Applicant Signature

Parent/Guardian Signature

The consensus of the medical officer is that there are no medical reasons to prevent the applicant from being issued with an event licence, based on the information provided in the self-declaration medical form.

Paramedic or Medical Officer Signature

Print name

Date

Licence Number:

Appendix A – APPLICABLE ONLY TO DRIVERS OF RESTRAINED CLASSES

Section A1 – IMMERSION TEST AND MICRODIVE

If you are taking part in a class that requires an Immersion & Microdive Test (i.e. restrained/canopied boats) then you must have undertaken your test before applying for the event licence and within the previous year. An alternative diving qualification to Microdive may be accepted if it is traceable and still current. You must present your immersion test certificate when signing in.

Unique Student No.		Microdive Test Date	
Immersion Test Date		Microdive Location	

Immersion Test (Complete the row for your helmet type)	Open face	<input type="checkbox"/>	Demand Valve	<input type="checkbox"/>	Automatic Air System	<input type="checkbox"/>
	Full face	<input type="checkbox"/>	Demand Valve	<input type="checkbox"/>	Automatic Air System	<input type="checkbox"/>

Section A2 - RESTRAINT SYSTEMS DISCLAIMER

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 safety and that, in the event of capsizing, my survival depends on my 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 secondary to my 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.

Section A3 – BELT CUTTERS

I understand that for restrained class drivers, belt cutters are mandatory and must only be worn whilst in the pits and on board the boat. I also understand it is an offence to wear/carry belt cutters anywhere else and would be treated as such by the police.

Section A – RESTRAINED DRIVER ACKNOWLEDGEMENT

Applicant Signature		Date:	
If the applicant is under the age of 18 years this declaration must be countersigned by a parent or guardian to acknowledge			
If applicable. Parent or guardian signature			