



ROYAL YACHTING ASS'N  
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**2009/2010**



The JSRA  
 23 St Albans Hill  
 Hemel Hempstead  
 Herts, HP3 9NG  
 Contact: Kat Smith  
 Tel: 07830 090045  
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**FAST-TRACK SERVICE – Add £20 to licence fee if you require documentation less than seven working days before event, it will be sent back by Special Delivery by the PB Dept direct.**

**JET SPORT POWERBOAT LICENCE APPLICATION  
 BEGINNER WINTER/SUMMER SERIES 21/11/09 to 31/12/10**

**RYA Licensing Benefits: Third Party liability insurance whilst racing**

*(The Third Party Liability Insurance does not cover competitor's liability to other competitors)*  
 We strongly advise you to purchase PERSONAL ACCIDENT & DEATH BENEFIT insurance cover to meet your needs

**We also strongly advise you to purchase the following:**

Legal Expenses cover, Loss of Earnings Insurance, Travel & Medical Insurance (when travelling to foreign events), All Year Round Third Party or Comprehensive cover on your boat/ski (Outside Of RYA Organised Powerboat Racing Events), cover against Fire, Theft on your own Craft/Trailer, check to see if your Car Policy covers Trailing. Check All your insurance policies to ascertain whether you are covered whilst Powerboat Racing – It is imperative that you declare this. *Always* seek independent professional advice in insurance matters.

**1.** THIS PAGE TO BE COMPLETED BY ALL APPLICANTS FOR A RYA LICENCE, including those applying for renewal of an existing licence (or the inclusion of an additional endorsement). Please return this form to the JSRA in the first instance with the appropriate fee. Note: The Jet Sport Racing Association and the RYA as the National Authority reserves the right to refuse a licence to any applicant at its discretion.

**2. COMPETITOR DETAILS (PLEASE USE BLOCK CAPITALS):**

<b>Mr/Master/Mrs/Ms/Miss</b>	<b>Date of Birth:</b>
<b>Full Name:</b>	<b>Age in Years:</b>
<b>Address:</b>	<b>Sex: Male <input type="checkbox"/> Female <input type="checkbox"/></b>
	<b>Club Name: JSRA OF GB</b>
<b>Post Code:</b>	<b>Important Medical Information you wish known:</b>
<b>Tel (Home) + STD code:</b>	<b>Glasses worn <input type="checkbox"/></b>
<b>Tel (Day) + STD code:</b>	<b>Contact lenses worn <input type="checkbox"/></b>
<b>Mobile:</b>	<b>Previous Licence - Category:</b>
<b>Fax Home:</b>	<b>Previous Licence No:</b>
<b>Fax Day:</b>	<b>Year of Issue:</b>
<b>Email:</b>	<b>Existing Race Number:</b>
<b>Home Page:</b>	
<b>Nationality:</b>	

**3. ENDORSEMENT BY RYA AFFILIATED CLUB: (NB: THE RYA WILL NOT ACCEPT A LICENCE APPLICATION UNLESS FIRST ENDORSED BELOW BY THE JSRA (JSRA must not sign this form until it has been fully completed))**

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.

**Signed:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**4. FOR JSRA OFFICIAL USE ONLY**

**JSRA Licence/Membership No..... Rider No:.....**  
**Licence Expiry date:.....**

<p><b>DO NOT FORGET TO ENCLOSE 4 PASSPORT SIZE PHOTOGRAPHS (NO LARGER THAN 2" X 1½") ATTACH ONE TO THE MEDICAL SECTION ON PAGE 5. PROOF OF YOUR DATE OF BIRTH, IE PHOTOCOPY OF BIRTH CERTIFICATE/PASSPORT/DRIVING LICENCE, TOGETHER WITH THIS APPLICATION AND RELEVANT FEE MADE PAYABLE TO THE "ROYAL YACHTING ASSOCIATION" TO THE JSRA ADDRESS ABOVE</b></p>	<b>FOR RYA OFFICE USE:</b>	
	<b>RYA LICENCE NUMBER:</b>	<b>AMOUNT PAID £</b>

**NOW GO TO THE NEXT PAGE AND FILL OUT THE CLASSES AND STATUS YOU WANT TO RACE & FILL OUT THE DISCLAIMER FORM**

DIVISION	✓	COST
<b>BEGINNER</b> (winter/summer series 2009/2010 only)		£60

TICK CLASSES RACED ✓					
SKI	SPORT	RUNABOUT	STOCK	LIMITED	SUPERSTOCK

**CREDIT CARD PAYMENT:** (CARD HOLDER'S NAME:.....)

Is card registered at address given overleaf? Yes  No

VISA ...../...../..... Start date: Expiry: Security No:

MASTERCARD...../...../..... Start date: Expiry: Security No:

MAESTRO ...../...../..... Start date: Expiry: Security No: Issue No:

SOLO ...../...../..... Start date: Expiry: Security No: Issue No:

TOTAL £..... Signature:.....

**CHEQUES – Make Payable to “Royal Yachting Association”** (Tick if VAT receipt required )

*All credit card details to be destroyed by RYA after payment is made (requirement of the FSA)*

## RYA MEDICAL CERTIFICATE

### PART A. MEDICAL DECLARATION – To be completed by applicant

Surname:	Age:
First Names in Full:	Date of Birth: Sex:
Address:	Post Code:

The following questions must be answered by all applicants for a competition licence:

1. Name and address of your regular Doctor

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(NOTE: DO NOT FORGET TO USE THE ENCLOSED THERAPEUTIC EXEMPTION FORM IF YOU REQUIRE IT)

Continuation of questions for applicant:		YES/ NO
2	Have you ever been rejected, or accepted at increased premium, for life insurance on medical grounds?	
3	Have you ever been treated for or do you now have, or have ever had any of the following medical problems:	
	(i) Nervous breakdown, mental disease or disorder?	
	(ii) Head injury associated with unconsciousness or concussion, of which required a stay in hospital for observation or investigation?	
	(iii) Heart disease or disorder or conditions causing shortness of breath on exertion?	
	(iv) High Blood Pressure requiring investigation or treatment?	
	(v) Diabetes?	
	(vi) Epilepsy (when sleeping or awake), fits, dizziness (vertigo), fainting attacks or blackouts of any duration?	
	(vii) Disease of or injury or operation to either eye?	
	(viii) Have you any abnormality or restriction of power or range of movement of any arm or leg or of the Cervical (neck) (Spine)?	
4	(i) Is your eyesight normal in both eyes?	
	(ii) If the answer to 4(i) is No, is your eyesight normal with spectacles or other correction? When driving (racing) with correction do you wear <b>GLASSES/CONTACT LENSES?</b> (delete as applicable)	
5	Are you taking any medication on a regular basis (prescribed or non-prescribed)?	
	If so, please declare under Extra Medical Information, the condition being treated and the nature of the medication and provide a copy of a valid medical prescription.	

**NOTE: Please answer all questions in the end column Yes or No – your licence may be delayed if this form has to be returned to you for completion. If YES to any part of questions, 2, 3 & 5, please supply full details on a separate sheet.**

**EXTRA MEDICAL INFORMATION**

If you wish to add to the simple Yes or No answers opposite please make reference to the relevant section and comment on a separate sheet giving details of Hospital or Consultant (Specialist) with dates if possible.

I declare that the statements made to the RYA in Part A 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 RYA so that the RYA 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 RYA licence and your insurance protection will be invalidated).

I authorise any hospital or medical practitioner to provide information relating to my medical condition to the RYA Medical Officer for the purpose only of helping that Doctor decide if I am fit to undertake powerboat racing.

<b>Signature of Applicant:</b>	<b>Date:</b>
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**PART B:**

**PART B(i) – MEDICAL NOTES FOR THE EXAMINING DOCTOR:**

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

No competition licence will be issued until the Medical Examination Form is 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 RYA 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 RYA, 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 RYA 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 RYA 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 RYA 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).

**PART B (ii) – MEDICAL EXAMINER’S REPORT (to be completed by doctor)**

This section must be completed by a Registered Medical Practitioner. Doctors are asked to note the answers to Part A and to read the notes in part B (i) before completing part B (ii).

1.

Competitor's Name (please print)	DOB:	<b>CURRENT PHOTOGRAPH OF COMPETITOR</b>
<b>DOCTOR'S STAMP</b>		<div style="border: 1px solid black; width: 150px; height: 100px; margin: 0 auto;"></div> <p style="text-align: center; color: red; font-weight: bold; margin-top: 5px;">Doctor's signature confirming this is the person who was examined. Sign across photo.</p>

<b>Medical Examiner's Report continued:</b>		<b>YES OR NO</b>
2.	Are you the registered medical practitioner of the applicant?	
3.	(i) Is there evidence of abnormality of the Heart, Cardiovascular or Respiratory Systems?	
	(ii) Blood Pressure _____ BP reading: _____ / _____	
	(iii) Has the applicant had an ECG?	
	If the answer to (iii) is Yes, was this normal? PLEASE PROVIDE REPORT IF THIS WAS ABNORMAL	
4.	Is there evidence of physical or mental condition, past or present, which should, in your opinion, debar the applicant from powerboat racing?	
5.	Is there any abnormality or, or restriction of movement of arms or legs?	
6.	Vision - uncorrected R eye _____ / _____ L eye _____ / _____	
	Corrected R eye _____ / _____ L eye _____ / _____	
	Pupil Reaction L & A R eye _____ / _____ L eye _____ / _____	
	Field of Vision R eye _____ / _____ L eye _____ / _____	
	Is colour vision normal?	
7.	Is urine analysis abnormal for presence of Alb _____ Sugar _____ Blood _____	
8.	Has the applicant used any medication in the past year? If so, please list the medications:	
	(i) In your opinion is any of the medication likely to interfere with the competitor's ability to partake in powerboat racing?	
9.	Is there evidence that the applicant has misused drugs or alcohol in the past 3 years?	
	If YES to questions 3,4,5 8 & 9, please give details:	
Should a Doctor not approve the applicant, the Medical Examiner's Report should NOT be signed, but should be forwarded to the RYA with his/her comments recommending whether or not the applicant should be referred to the RYA Hon. Medical Officer.		
This is to certify that I have today examined the applicant in accordance with the requirements of this form B(ii) and advisory notes, B(i) and declare that in my opinion he/she is fit to drive a powerboat/jet ski in competitive races.		
<b>Doctor's Signature:</b>		<b>Date:</b>

## DISCLAIMER - ALL APPLICANTS

In consideration of my being permitted to undertake Jet Sport Racing arranged by the Jet Sport Racing Association of Great Britain ("the Association") and the RYA, ("National Authority") for the sport, which I hereby acknowledge contains an element of danger, being a motorised sport, I agree to keep indemnified the Association and the National Authority, its members and trustees (including the owners or lessees of the venue for any race meeting) and their respective officials, servants, representatives, agents and other riders from and against all actions, claims, costs, expenses and demands in respect of death, injury, loss or damage howsoever caused arising out of or in connection with my entry, or my taking part in, any race meeting, and notwithstanding that the same may have been contributed to or occasioned by the negligence of the bodies, their officials, servants, representatives or agents to include any personal injury or loss or damage of my own personal property, and I participate entirely at my own risk.

I accept that I shall be solely responsible for any decision as to my fitness to participate, and at all times shall observe and perform all instructions given to me by the Association/National Authority and their respective officials.

I hereby agree and understand that my acceptance by the Association of this application may involve my demonstrating my riding ability to a nominated member of the Association/National Authority, and this report will be taken into account when considering this application.

I hereby agree to be bound by the Rules and Constitutions of the Association/National Authority and any supplementary Regulations thereof.

***I confirm that I have read, understood, and agree to abide by the rules set out in (JSRA/RYA National rule book) or current racing rules.***

**Signed (Rider)..... Date:.....**

### **Applicants under the age of 18**

As I am under the age of 18 my parent or legal guardian has read and explained the above to me and is fully aware of the risks involved, and has agreed to my participation as acknowledged below.

#### **Declaration for a minor**

I am the parent/legal guardian of the minor who has signed above and I hereby declare that I have read and understood the terms and conditions of the Indemnity/Disclaimer and agree both on my own behalf and on behalf of the named minor to be bound by them, and I give my permission to the minor's participation.

Signed.....Date.....

(Parent/Guardian) Name.....(Print)

See Important Notes on page 6

# IMPORTANT NOTES:

**DRUG AND ALCOHOL ABUSE** – The Powerboat Racing Division has a ZERO tolerance policy on this, and it would fall under “bringing the sport into disrepute”. We expect people to be in control of themselves and their craft/ski.

**DECLARATION OF MEDICAL FITNESS TO RACE** – All fully licensed competitors are required to have a medical examination on an annual basis before the issue of their new documentation. At each race competitors are asked to sign a “declaration of fitness to race” whether they are fully licensed or not, we believe that on some occasions there have been a few whose level of fitness has declined during the season, either through accident, injury or illness. It is imperative to make sure that you are fully fit before participating in an event; bear in mind that to try and recover a fit person after a racing accident is difficult enough, without the added anxiety of trying to recover someone who shouldn't have gone out in the first place. Your actions could have repercussions on our third party insurance – PLEASE THINK CAREFULLY BEFORE PARTICIPATION.

**Note:., Equal Opportunities and Data Protection Form should also accompany the completed Licence Application should you require them.**

**These forms can be downloaded from the website for your use.**