

Attached is the 2024 CARS licence application. Please complete the form, sign it, and have it witnessed.

Vous trouverez à la suite votre formulaire de demande de licence pour la saison 2024. S'il vous plaît, remplissez le formulaire, signez-le et faites signer un témoin.

When applying for your licence, please include the following:

Lorsque vous demandez votre licence, n'oubliez pas d'inclure:

C- completed licence application signed and witnessed – original form/signatures required.

C – le formulaire de demande de licence rempli, et signé par vous et un témoin – document original signé.

C - completed medical self declaration form- original form / signature required.

C—Fiche originale d'auto-déclaration médicale remplie / signature requise

C – copy of valid 2024 CARS affiliated club membership card or a message/email from a club executive stating you are paid up for all of 2024.

C- une photocopie d'une carte de club affilié à CARS et valide pour l'année 2024, ou un message/courriel d'un directeur de votre club qui déclare que vous avez payé votre cotisation pour l'année 2024.

C- copy of valid first aid certificate – If the certificate expires during the year, the licence will expire one month after the first aid certificate expires.

C – une photocopie d'un certificat de premiers soins valide. Si ce certificat vient à échéance au cours de l'année, votre licence viendra à échéance un mois plus tard.

C – copy of both sides of your valid driver's license.

C – une photocopie des deux côtés de votre permis de conduire valide.

C- appropriate amount of money (cheque, money order, interac e-transfer to office@carsrally.ca, Paypal to cash@carsrally.ca, or credit card.

C – Le montant approprié (sous forme de chèque, mandat-poste, interac, e-transfert à office@carsrally.ca, Paypal à cash@carsrally.ca, ou carte de crédit)

C- For first time applicants (Driver only) a resume of performance driving experience must accompany the application.

C- Si c'est votre première demande (pilote seulement), joignez votre cv de compétition automobile à votre demande

If your application is incomplete, it will be returned.

Si votre formulaire est incomplet, il vous sera retourné.

Please apply for your CARS licence at least two weeks before the event you want to enter.

Veillez faire parvenir votre demande de licence CARS au moins deux semaines avant l'événement auquel vous voulez participer.



Canadian Association of Rallysport

Application for Competition license - 2024

LAST NAME		FIRST NAME	MIDDLE NAME
ADDRESS			
CITY	PROVINCE/STATE	POSTAL CODE/ZIP CODE	
HOME PHONE	CELLULAR PHONE	PROVINCE OF DRIVER'S LICENCE	
DIRTHDATE (Y/M/D)	COUNTRY OF BIRTH	DRIVER'S LICENCE NO.	
CARS AFFILIATED CLUB	EMAIL ADDRESS		
PREVIOUS CARS LICENSE NUMBER AND TYPE	FIRST AID COURSE GIVE BY	FIRST AID EXPIRY DATE	
APPLYING FOR <input type="checkbox"/> FIRST ISSUE <input type="checkbox"/> REGIONAL <input type="checkbox"/> SINGLE EVENT <input type="checkbox"/> RENEWAL <input type="checkbox"/> NATIONAL EVENT NAME: _____ <input type="checkbox"/> UPGRADE _____		LANGUAGE PREFERENCE ENGLISH FRENCH DRIVER _____ CO-DRIVER _____	

DECLARATION AND WAIVER

I, the undersigned, hereby apply to the Canadian Association of Rallysport (CARS) for a rally motorsport competition license. I undertake to submit to and be bound by the International Sporting Code of the FIA and the General Competition Rules of CARS. I certify that the information given above is correct. In consideration of my being granted a competition license, I acknowledge and accept (a) that my competition license permits me to participate as a competitor only in the types of events for which I am so licensed; (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; and (c) that it is a condition of my being so licensed I assume all such risks myself, I for myself, my heirs, executors, and administrators hereby remise, release and forever discharge the Canadian Association of Rallysport, its member clubs and regions, ASN Canada FIA, the owners, sponsors and drivers of other cars participating with me in any such event, the owners and occupiers of the premises on which any 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, cause of actions, claims and demands whatsoever for any loss or injury suffered by me in any way arising out of or resulting from my participate in in any such event, test or practice therefore or from my being on such premises for or 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.

IN WITNESS WHERE OF I have hereunto set my hand at City _____
 Province _____, this _____ day of _____, 20 _____.

Signature _____

If applicant is under the Age of Majority, A Consent/Release by Parent or Guardian MUST accompany this application (Available from CARS)

WITNESS

SIGNATURE	FULL NAME
ADDRESS	CITY/PROVINCE

This form must be completely filled out, signed, witnessed and accompanied by the following documentation: medical self-declaration form, a photocopy of current CARS affiliated club membership card, photocopy of both sides of valid driver's license, photocopy of valid first aid certification, and payment to CARS for the appropriate amount. (GST/HST # 875609869)

National - \$402.50 (NB/NL/NS/PEI), \$395.50 (ON), \$367.50 (BC/AB/SK/MB/QC/ Territories)

Regional – 310.50 (NB/NL/NS/PEI), \$305.10 (ON), \$283.5 (BC/AB/SK/MB/QC) Territories)

Single Event National - \$202.40 (NB/NL/NS/PEI), \$198.88(ON), \$184.80 (BC/AB/SK/MB/QC/Territories)

Single Event Regional - \$158.70 (NB/NL/NS/PEI), \$155.94 (ON), \$144.90 (BC/AB/SK/MB/QC/ Territories)

MAIL TO Box 300, Diamond Valley, AB, T0L 2A0 2023/11 DLD

Canadian Association of RallySport (CARS)



2024 Medical Self Declaration

In full or partial consideration for allowing me to obtain a CARS Licence to compete, and to participate in all related events and activities, 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, in all forms of motor sport and in particular in being allowed to compete and 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 performance rally events, and that I will monitor my physical, emotional and mental ability to compete. I will remove myself from events should my condition indicate; 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.

City/Prov: _____ Date (D/M/Y): _____

Signature: _____ Full Name: _____

Witness

Signature: _____ Full Name: _____

Canadian Association of RallySport (CARS)

Fiche d'auto-déclaration médicale 2024

En considération totale ou partielle pour me permettre d'obtenir une licence CARS pour concourir et participer à tous les événements et activités connexes, je garantis et accepte par la présente que :

1. Je reconnais et j'accepte qu'il existe un risque de blessure grave et de décès en participant à toutes les formes de sport automobile et en particulier en étant autorisé à concourir et à entrer, pour quelque raison que ce soit, dans une zone réglementée ; et
2. je me suis auto-évalué(e) et je crois que je suis physiquement, émotionnellement et mentalement apte à participer à des rallyes de performance et que je surveillerai ma capacité physique, émotionnelle et mentale à compétitionner. Je me retirerai des événements si mon état l'indique; et
3. je comprends que toutes les règles de participation applicables doivent être suivies, quel que soit mon rôle, et qu'en tout temps pendant les événements, la seule responsabilité de ma sécurité personnelle reste mienne.

Ville/Prov: _____ Date (D/M/Y): _____

Signature: _____ Nom complet: _____

Témoin

Signature: _____ Nom complet: _____