

# NEW & RENEWALS OF COMPETITION LICENCE

## KARTSPORT NEW ZEALAND COMPETITION LICENCE APPLICATION FORM



NB Each application must be made on a separate form.

**Updated 1 NOV 2016**

PLEASE PRINT CLEARLY

\_\_\_\_\_  
First Name Family Name

Class of Competition licence required: Senior Junior Junior Clubsport Junior Restricted Cadet  
Please circle one. (For age groups see over the page.)

If Senior or Junior state main competition class: \_\_\_\_\_  
ie. Junior Yamaha, Rotax Light, 100cc Club Class etc

NAME of CLUB of which you are a financial member: \_\_\_\_\_  
Proof of current membership of a club is required to be furnished when applying for a competition licence.  
Note: A receipt is only acceptable if it is stamped with the club name and signed by a club official.

State the number you prefer to use as a racing number: \_\_\_\_\_

DATE of BIRTH: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

TELEPHONE/MOBILE

\_\_\_\_\_  
Toll Code Telephone Number Mobile Number

OCCUPATION

EDUCATIONAL INSTITUTE/SCHOOL

\_\_\_\_\_  
Occupation/Student Name of Educational Institute/School (if student)

RESIDENTIAL ADDRESS

\_\_\_\_\_  
House Number - Street

\_\_\_\_\_  
Suburb Town/City Postal Code

POSTAL ADDRESS (if different from Residential Address)

\_\_\_\_\_

\_\_\_\_\_  
Suburb Town/City Postal Code

FOR APPLICANTS UNDER 18 YEARS

I, \_\_\_\_\_, being the parent/legal guardian of the above applicant, hereby consent to the granting of his/her application.

\_\_\_\_\_  
Signature Date

NB Please remember to include a copy of your birth certificate if under 18 years and this is your first licence application.

FOR FAMILY MEMBERS

Are you 1st 2nd 3rd 4th 5th (please circle) member of your family residing at the above address to make application for a Competition Licence.

Please name first family member: \_\_\_\_\_

**MORE**

## KARTSPORT NEW ZEALAND HEALTH & DISABILITY DECLARATION for:



PLEASE PRINT CLEARLY

✍ First Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

✍ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Contact Phone No.: \_\_\_\_\_

✍ Name of your regular doctor: \_\_\_\_\_

✍ Address of your regular doctor: \_\_\_\_\_

\_\_\_\_\_

✍ When did you last have a medical examination (date)? \_\_\_\_\_

✍ Have you ever been rejected or accepted at an increased premium for life insurance on medical grounds? ..... 

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

✍ Do you wear dentures? ..... 

<input type="checkbox"/>	<input type="checkbox"/>
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✍ Have you ever been treated for, do you now have, or have you ever had, any of the following?:-

- a) Nervous breakdown, mental disease or disorder ..... 

<input type="checkbox"/>	<input type="checkbox"/>
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- b) Head injury with unconsciousness or concussion ..... 

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------
- c) Heart disease or disorder ..... 

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------
- d) High blood pressure, anaemia or blood disease ..... 

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------
- e) Diabetes ..... 

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------
- f) Dizziness, fainting spells, fits or blackouts ..... 

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------
- g) Allergic reactions ..... 

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------
- h) Have you ever had any disease, injury or operation to either eye ..... 

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------
- i) Have you any abnormality to any part of the upper or lower limbs ..... 

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

✍ Is your hearing impaired in any way? ..... 

<input type="checkbox"/>	<input type="checkbox"/>
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✍ If the answer to any of the above questions is YES, please supply further details:

\_\_\_\_\_  
\_\_\_\_\_

✍ List any illness or accident not stated above (If an accident please note your ACC number if applicable):

\_\_\_\_\_  
\_\_\_\_\_

✍ If you are currently receiving any medical treatment, please give details:

\_\_\_\_\_  
\_\_\_\_\_

✍ Is your eyesight normal in both eyes? ..... 

<input type="checkbox"/>	<input type="checkbox"/>
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If you answered NO:

Is your eyesight normal in both eyes with glasses or other correction? ..... 

<input type="checkbox"/>	<input type="checkbox"/>
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Is it necessary for you to wear glasses or contact lenses when driving? ..... 

<input type="checkbox"/>	<input type="checkbox"/>
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If the answer is still NO please supply further details:

\_\_\_\_\_

✍ Is your colour recognition normal? ..... 

<input type="checkbox"/>	<input type="checkbox"/>
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### DECLARATION BY APPLICANT:

I certify that the statements made by me to KartSport New Zealand, regarding my psychological and physical condition and any previous illness are true and accurate.

I undertake that I will not use any drug considered to be illegal.

I authorise any hospital or medical practitioner to furnish information relative to my medical condition to the KartSport New Zealand appointed Medical Officer, The Order of St John personnel or other qualified first aid personnel acting in their official capacity at any KartSport New Zealand event.

✍ Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

✍ Signature of parent or guardian if applicant is under 18 years of age: \_\_\_\_\_

**MORE**

# NEW & RENEWALS OF COMPETITION LICENCE

Updated 1 NOV 2016

## KARTSPORT NEW ZEALAND COMPETITION LICENCE APPLICATION FORM.



## COMPETITION LICENCE FEE, TRANSPONDER DEPOSIT & TRANSPONDER ANNUAL RENTAL.

### For all NEW Applications

Have you ever held a kart licence prior to this application?  Yes  No

If so, state the Licencing Authority and date issued: \_\_\_\_\_

How did you hear about karting? (Please circle.) KartSport Website Show/Display Facebook TV Programme TV Ad Magazine Ad  
Friend Family Club Have-a-go Day Hire Kart Other: (please specify) \_\_\_\_\_

### A Competition Licence Annual Fee is \$206 (\$154 for 2nd, 3rd etc family members\*).

ALL FEES ARE G.S.T. INCLUSIVE

TAX INVOICE G.S.T. Ref. No. 13-667-737

ENCLOSED \$ \_\_\_\_\_ BEING PAYMENT FOR MY

Please  
tick  
(✓)  
class  
required

- SENIOR LICENCE (15 yrs & over)
- JUNIOR LICENCE (12 & under 17 yrs)
- JUNIOR CLUBSPORT LICENCE (11 & under 17 yrs)
- JUNIOR RESTRICTED LICENCE (9 & under 13 yrs)
- CADET LICENCE (6 & under 11 yrs)

\* (Providing the first member of the family pays a full fee, subsequent family members residing at the same address pay \$154 each.)

All applicants under 18 years of age applying for their first licence must enclose a copy of their birth certificate with this application.

Transponder Deposit \$123 (Applicable to New Applicants or Competitors who do not have a KartSport New Zealand AMB TransX Transponder Kit). For Terms and conditions see page 5.

ALL FEES ARE G.S.T. INCLUSIVE

ENCLOSED \$123.00 BEING MY DEPOSIT

OR

I HAVE A KARTSPORT NEW ZEALAND TRANSPONDER or a MY-LAPS X2 TRANSPONDER.

Transponder Annual Rental \$74 (Applicable to New Applicants and Renewals). For Terms and Conditions see page 5.

ALL FEES ARE G.S.T. INCLUSIVE

ENCLOSED \$74.00 BEING MY ANNUAL RENTAL

OR, I wish to purchase a Transponder outright. If you wish to purchase a My-Laps X2 Transponder outright please complete the "Purchase Transponder Form" and include with this application.

ALL FEES ARE G.S.T. INCLUSIVE

ATTACHED IS THE COST FOR PURCHASE AND THE "PURCHASE TRANSPONDER FORM".

For methods of payment see page 6.

**MORE**

## KARTSPORT NEW ZEALAND COMPETITION LICENCE APPLICATION FORM. INDEMNIFICATION & DECLARATION.



### INDEMNIFICATION

I acknowledge and agree to accept as a condition of my competition licence that the FIA-CIK; MotorSport New Zealand; KartSport New Zealand; District, County or City Council; all sponsors and all or any members, officials or assistants of any of the above named and or known organisations, or their respective servants, officials, representatives, or agents shall not be under any liability whatsoever for any death or bodily injury, loss or damage which may be sustained or incurred as a result of my participation in any race meeting or event, howsoever such death or bodily injury, loss or damage is caused not withstanding that such death, injury, loss or damage may have been contributed to or caused by the negligence of the Inviting Club or KartSport New Zealand or any of their respective officials, servants, representatives or agents or by any other person.

### DECLARATION BY APPLICANT

I declare I will be conversant with and will abide by all current KartSport New Zealand rules, regulations, codes and specifications governing kart racing and that I will abide by any supplementary rules which apply and the directions and rulings of the Chief Steward of the day without losing my right to protest or appeal. I declare that I have no medical condition that may impede my ability to drive a kart in competition or practice. I declare that my kart and driving apparel will comply with all KartSport New Zealand Rules and Specifications at all times.

I declare that should I at the time of any event to be suffering from any disability of any kind whether permanent or temporary which is likely to detrimentally affect my control of my kart or my fitness to drive, I will not participate.

I declare that I will comply with KartSport New Zealand's Anti-Doping Code and Intoxicating Liquor rules.

I declare that the particulars supplied on this application form are true and correct in every particular.

I declare that I give consent to the collection of the details in this application, including the medical declaration by KartSport New Zealand for the purpose of a membership record and medical assessment and for KartSport New Zealand to retain and disclose these to affiliated clubs, Sport New Zealand, funding agencies and sponsors if necessary. I acknowledge my right to access and correction of this information.

This consent is given in accordance with the Privacy Act 1993.



\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



\_\_\_\_\_  
Name (print) of Guardian

\_\_\_\_\_  
Signature of Guardian

To ensure prompt return of your licence, please ensure that you have completed, signed and attached the following:-

#### CHECK LIST

- The 6 pages of this application form
- Current Club Membership card
- Previous Competition Licence & Log Book *(Renewals only)*
- Correct remittance
- Copy of birth certificate *(if new applicant under 18 years of age)*

Failure to comply with the above will delay the return of your licence and an administration fee of \$10.00 will be charged.

**MORE**

## KARTSPORT NEW ZEALAND PERSONAL TRANSPONDER LEASE AGREEMENT AND DEPOSIT RECEIPT.



TO BE COMPLETED ONLY BY NEW APPLICANTS OR RENEWALS WHO DO NOT HAVE A TRANSPONDER KIT.

Please Print

Lessee Name: \_\_\_\_\_  
First Name Family Name as printed on competition licence

### By signing this Agreement the Lessee agrees to the following:

- On payment of \$123 (inclusive of GST) I will receive one AMB TransX160 transponder kit, (transponder mains charger, car charger and mounting bracket). This deposit will be refunded by the Lessor (KartSport New Zealand) where the Lessor is satisfied the transponder kit is returned in Good Condition once the Lessee no longer has a valid Competition Licence. 'Good Condition' means in respect of the transponder kit that it is in good condition throughout and in sound mechanical order, free from operator abuse and/or neglect; otherwise than arising by reason of "Normal Use" the transponder kit has been put to.
- To pay the rental due for the ensuing year, or part there of, in advance. The amount of this annual rental will be determined by the Lessor (by vote of the KartSport New Zealand Executive) from time to time. Current annual rental is \$74 (inclusive of GST) per year. This annual rental will be payable at the time the Lessee purchases or renews his/her annual Competition Licence. The rental year will commence and finish on the same dates as the Lessee's Competition Licence.
- To maintain, fit, charge and utilise the transponder in accordance with the manufacturer's instructions ("Normal Use").
- To return the transponder kit in good condition, commensurate with its age. Failure to return the transponder kit will result in the Lessor withholding the deposit and the Lessee paying to the Lessor the cost of damage caused up to an amount equal to the replacement value of the transponder kit. Transponder kits not returned within 35 days of the expiry of the Lessee's Competition Licence will be invoiced at the retail price (currently \$350 inclusive of GST) less the deposit paid. All accounts are payable by the 20th day of the month following the date of the invoice. If the account is not paid within 30 days after the due date, our debt recovery agency may charge you a fee equal to 25% of the unpaid portion of the invoice, but not less than \$25.00. Where the total agency, legal and other costs arising from recovery of any amount owing exceeds the debt recovery fee charged, our agent is also entitled to recover such additional costs from you. This clause is intended to be for the benefit of and be enforceable by our debt recovery agency under the Contracts (Privacy) Act 1982.
- I agree to indemnify KartSport New Zealand against all costs, whether commission, legal fee or otherwise, incurred by KartSport New Zealand or KartSport New Zealand's duly authorised agents relating to any moneys, and goods that may be outstanding from time to time pursuant to the terms of this agreement.
- That the transponder kit remains the property of the Lessor at all times. The transponder kit must not be sub-leased or used for purposed other than kart racing.
- That in the event of malfunction, the Lessee will return the transponder kit to the Lessor for repair or replacement at the Lessor's discretion. Should the Lessor determine the transponder kit has not been operated in accordance with "Normal Use" and/or abused a repair or replacement fee will apply. Under no circumstances should repair be attempted by the Lessee. This would negate the AMB warrantee.
- If, on return, the transponder has not been de-registered from My-Laps a Deregistration Fee of \$50 (inclusive of GST) will be deducted from the deposit.

The Lessor agrees to replace a faulty transponder kit, or part there of, should such fault be the result of manufacturing defects and/or extended service life. (Note: transponder battery should last for a period of 6 years. Transponders with failing batteries will be replaced after this time at the Lessor's discretion)

I agree to the above conditions:

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Name (print) of Guardian Signature of Guardian

Issuing Officer Name: \_\_\_\_\_

### KartSport New Zealand Office Use ONLY

Lessee KartSport Member Code: 

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AMB Transponder Number: 

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# NEW & RENEWALS OF COMPETITION LICENCE


## KARTSPORT NEW ZEALAND PURCHASE AGREEMENT FOR A MY-LAPS X2 TRANSPONDER



TO BE COMPLETED ONLY BY NEW APPLICANTS OR RENEWALS WHO DO NOT HAVE A TRANSPONDER KIT.

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Please Print

 Purchasers Name: \_\_\_\_\_  
First Name Family Name as printed on competition licence

By signing this Agreement the Purchaser agrees to the following:

- On payment I will receive one new My-Laps X2 transponder kit loaded with the subscription period as selected below.
- The transponder kit remains the property of the purchaser.
- Subscription renewal is the responsibility of the purchaser. Go to: <https://www.mylaps.com/en/products/x2-kart-rechargeable/1683>
- That in the event of malfunction, the purchaser will agree that any malfunction will be the responsibility of the purchaser.
- Transponder battery replacement is the responsibility of the purchaser.  tick box

**X2 kart transponder with a 1 year subscription \$210-00**

**X2 kart transponder with a 2 year subscription \$270-00**


I agree to the above conditions:

 \_\_\_\_\_  
Signature of Applicant Date

 \_\_\_\_\_  
Name (print) of Guardian Signature of Guardian

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### Office use only

 Issuing Officer Name: \_\_\_\_\_

Purchaser KartSport Member Code:

AMB Transponder Number: