



The JSRA Contact: Meikel Miller Tel: 07830 090045

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## 2020

# JET SPORT RACING ASSOCIATION LICENCE APPLICATION HOW TO APPLY AND THE REQUIREMENTS FOR ISSUE

All UK residents who wish to take part in Personal water craft racing in the United Kingdom or the Republic of Ireland must hold a valid Personal water craft racing licence issued by the JSRA (Jet Sport Racing Association). All UK residents who wish to take part in International racing must hold a valid International Personal water craft racing licence issued by the JSRA.

Licences available are as follows:

- JUNIOR will be required to undertake a training programme before racing. (JSRA Competency test)
  Note: A Certificate of Competence must be sent with the Licence Application form if the competitor
  is under the age of 18 before the licence will be issued.
- 2. **NOVICE** Newcomers to the sport will be required to undertake a training programme before racing. (JSRA Competency test). Existing riders will not have to further undergo a training programme providing they have already undergone a JSRA Competency test.
- 3. **EXPERT** Existing riders will not have to further undergo a training programme providing they have already undergone a JSRA Competency test.
- 4. **VINTAGE** Newcomers to the sport will be required to undertake a training programme before racing. (JSRA Competency test). Existing riders will not have to further undergo a training programme providing they have already undergone a JSRA Competency test.
- 5. **FREESTYLE** Existing riders will not have to further undergo a training programme providing they have already undergone a JSRA Competency test.
- 6. NATIONAL EVENT LICENCE issued by JSRA at Race Control to competitors competing in 2 or less rounds who do not wish to purchase the full Race license. NATIONAL Event Licences will only be issued for events within the UK up to a maximum of 2 rounds (at which point a full Race license will be issued on successful completion of a medical and payment to equal a full licence) New Riders will be required to undertake the JSRA Induction and Competency test before being allowed to race. Existing riders will not have to re-take the JSRA Induction and Competency test unless they have had a 2-season gap in their racing career.
  - a. An NATIONAL Event Licence provides a competitor with a temporary Racing licence valid only for the duration of the event at which it was issued and restricted to the class as authorised by the JSRA.
  - b. A Medical "Self Declaration" part 'A' form will have to be completed and signed by the competitor prior to the issue of each NATIONAL Event Licence.
  - c. A maximum of two NATIONAL Event Licences only can be issued per person in any one year. (a full race licence will be issued after purchasing a 2nd NATIONAL event licence on completion of a successful medical)
  - d. Once a competitor has raced on an NATIONAL event licence, if that competitor then wishes to purchase a full JSRA Licence they will pay the remainder to equal a full race licence fee.

#### **FOREIGN COMPETITORS**

Foreign competitors who are resident within the UK and wish to take a UK licence must:

- i. Have written permission from their own National Authority.
- ii. Proof of previous racing experience by the submission of a Personal water craft racing CV with their Licence Application Form

#### WHAT DOES THE PERSONAL WATER CRAFT RACING LICENCE PROVIDE FOR YOU?

All competitors are provided with Third Party Public Liability insurance whilst racing and during official practice of JSRA BRITISH JETSPORT CHAMPIONSHIP CLOSED COURSE ONLY. This cover only applies once the competitor has "signed on" at Race Control at the beginning of the event. All such cover ceases once the competitor has "signed off".

#### THIRD PARTY LIABILITY INSURANCE IN UNITED KINGDOM

Payment of the licence fee ensures that the holder is covered by the Personal water craft racing third party liability insurance policy arranged by the JSRA through a reputable insurance company, subject to the terms and conditions of the insurance policy. This insurance policy applies to Personal water craft Races (including official practices) organised by JSRA for BRITISH JETSPORT CHAMPIONSHIP CLOSED COURSE ONLY

A copy of the insurance policy terms and conditions is available from the JSRA administration office.

**OVERSEAS THIRD PARTY LIABILITY INSURANCE** – This is not included with an international status licence, additional insurance must be purchased from the host country's IJSBA affiliate.

Competitors MUST purchase the organiser's own insurance at IJSBA recognised foreign events.

#### WHAT DOES THE PERSONAL WATER CRAFT RACING LICENCE NOT PROVIDE FOR YOU?

- The JSRA insurance policies do not cover competitor to competitor liability.
- The JSRA policies do not cover Personal Accident and Death benefit.

#### The JSRA strongly advise that you take out the following insurances before racing:

- a) Personal Accident and Death Benefit.
- b) Legal Expenses cover.
- c) Loss of Earnings insurance.
- d) Travel and Medical Insurance (when travelling to foreign events)
- e) All Year Round Third Party Public Liability or Comprehensive cover on your boat/ski (outside of JSRA organised Personal water craft racing events).
- f) Fire, Theft insurance cover on your own craft/trailer check to see if your car policy covers trailing.
- g) Check all your insurance policies to ascertain whether you are covered whilst personal water craft racing. It is imperative that you declare this.

ALWAYS SEEK INDEPENDENT PROFESSIONAL ADVICE IN INSURANCE MATTERS.

## **JET SPORT LICENCE APPLICATION FORM 2020**

**THIS PAGE TO BE COMPLETED BY ALL APPLICANTS FOR A JSRA 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 reserves the right to refuse a licence to any applicant at its discretion.

| 1. COMPETITOR DETAILS (PLEASE USE BLOCK CAPITALS):  | JSRA REFERENCE NO.   |
|---|--|
|   |  |
| Mr/Master/Mrs/Ms/Miss   | Date of Birth:   |
| Full Name:  | Age in Years:  |
| Address:  | Sex: Male   Female   |
| Address.  | Name: JSRA OF GB   |
|   | Important Medical Information you wish known:  |
| Post Code:  | impondin Medical Information you wish known.   |
| Tel (Home) + STD code:  | †  |
| Tel (Day) + STD code:   | Glasses worn   |
| Mobile:   | Contact lenses worn  |
| Fax Home:   | Previous Licence - Category:   |
| Fax Day:  | Previous Licence No:   |
| Email:  | Year of Issue:   |
| Home Page:  | Existing Race Number:  |
| Nationality:  |  |
| 2. (JSRA must not sign this form until it has been fully o  | completed). I, the undersigned, certify that I know of no  |
| •   | the applicant is a member of this club/association. This   |
| application also complies to the best of my knowledge   | e, with the rules of licence renewals.   |
| Signed for and on behalf of JSRA:   | rint Name: Date:   |
|   |  |
| 3. FOR JSRA OFFICIAL USE ONLY   |  |
| JSRA Licence/Membership No  | Rider  |
| No:   |  |
|   |  |
| Licence Expiry date:  | T  |
| DO NOT FORGET TO ENCLOSE 2 PASSPORT SIZE  | FOR JSRA OFFICE USE:   |
| DO NOT FORGET TO ENCLOSE 2 PASSPORT SIZE PHOTOGRAPHS (NO LARGER THAN 2" X 1½")  | T  |
| DO NOT FORGET TO ENCLOSE 2 PASSPORT SIZE  | T  |
| DO NOT FORGET TO ENCLOSE 2 PASSPORT SIZE PHOTOGRAPHS (NO LARGER THAN 2" X 1½")  ATTACH ONE TO THE MEDICAL SECTION ON PAGE 7.  | FOR JSRA OFFICE USE:   |
| DO NOT FORGET TO ENCLOSE 2 PASSPORT SIZE PHOTOGRAPHS (NO LARGER THAN 2" X 1½")  ATTACH ONE TO THE MEDICAL SECTION ON PAGE 7.  PROOF OF YOUR DATE OF BIRTH, IE PHOTOCOPY   | FOR JSRA OFFICE USE:  JSRA LICENCE NUMBER: AMOUNT PAID   |
| DO NOT FORGET TO ENCLOSE 2 PASSPORT SIZE PHOTOGRAPHS (NO LARGER THAN 2" X 1½")  ATTACH ONE TO THE MEDICAL SECTION ON PAGE 7.  PROOF OF YOUR DATE OF BIRTH, IE PHOTOCOPY OF BIRTH CERTIFICATE/PASSPORT/DRIVING   | FOR JSRA OFFICE USE:  JSRA LICENCE NUMBER: AMOUNT PAID   |
| DO NOT FORGET TO ENCLOSE 2 PASSPORT SIZE PHOTOGRAPHS (NO LARGER THAN 2" X 1½")  ATTACH ONE TO THE MEDICAL SECTION ON PAGE 7.  PROOF OF YOUR DATE OF BIRTH, IE PHOTOCOPY  OF BIRTH CERTIFICATE/PASSPORT/DRIVING  LICENCE, TOGETHER WITH THIS APPLICATION AND   | FOR JSRA OFFICE USE:  JSRA LICENCE NUMBER: AMOUNT PAID   |
| DO NOT FORGET TO ENCLOSE 2 PASSPORT SIZE PHOTOGRAPHS (NO LARGER THAN 2" X 1½")  ATTACH ONE TO THE MEDICAL SECTION ON PAGE 7.  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 "JSRA" TO THE                     | FOR JSRA OFFICE USE:  JSRA LICENCE NUMBER: AMOUNT PAID   |
| DO NOT FORGET TO ENCLOSE 2 PASSPORT SIZE PHOTOGRAPHS (NO LARGER THAN 2" X 1½")  ATTACH ONE TO THE MEDICAL SECTION ON PAGE 7.  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 "JSRA" TO THE  JSRA ADDRESS ABOVE | FOR JSRA OFFICE USE:  JSRA LICENCE NUMBER: AMOUNT PAID  JSRA £   |
| DO NOT FORGET TO ENCLOSE 2 PASSPORT SIZE PHOTOGRAPHS (NO LARGER THAN 2" X 1½")  ATTACH ONE TO THE MEDICAL SECTION ON PAGE 7.  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 "JSRA" TO THE                     | FOR JSRA OFFICE USE:  JSRA LICENCE NUMBER: AMOUNT PAID  JSRA £  ID CLASS YOU WANT TO RACE, THEN FILL OUT PART A, |

| Licence Type           | Cost    | Tick Licence |
|------------------------|---------|--------------|
|                        |         | required     |
| NATIONAL EVENT LICENCE | £55.00  |              |
| JUNIOR* (under 16)     | £125.00 |              |
| NOVICE                 | £160.00 |              |
| EXPERT                 | £220.00 |              |
| FREESTYLE              | £125.00 |              |
| VINTAGE ONLY           | £125.00 |              |

Family Multi-licence discount structure (to be purchased at the same time to receive the discount below)

| No of Family licence | Total<br>Discount |
|----------------------|-------------------|
| 1                    | £0                |
| 2                    | £15               |
| 3                    | £30               |
| 4                    | £60               |

Annual Associate membership available for non-race licence holders only are £30 for more information please contact the JSRA Administration office for Associate members form.

\* A Certificate of Competence must be sent with the Licence Application form if the competitor is under the age of 18 before the licence will be issued.

CHEQUES- Please make payable to 'JSRA'



## JSRA MEDICAL SELF DECLARATION CERTIFICATE

| Suri                 | name:  | Age:   |           |
|----------------------|--|--|-----------|
| First Names in Full: |  | Date of Birth: Sex:                                      |           |
| Ad                   | dress:   |  |           |
|                      |  |  |           |
| Pos                  | t Code:  |  |           |
|                      |  |  |           |
| 1.1                  | The following questions must be answellame and address of your regular Doctor  | ered by all applicants for a JSRA licence:               |           |
|                      |  |  |           |
|                      |  |  |           |
|                      |  |  |           |
|                      |  |  |           |
|                      |  |  |           |
|                      | (NOTE: DO NOT FORGET TO USE THE ENCLOSED T   | HERAPEUTIC EXEMPTION FORM IF YOU REQUIRE IT)             |           |
|                      | Y  |  | YES<br>OR |
|                      |  |  | NO        |
| 2                    | Have you ever been rejected, or accepted at increased  |  |           |
| 3                    | Have you ever been treated for or do you now have, or  | <u> </u>   |           |
|                      | (i) Nervous breakdown, mental disease or disorde     (ii) Head injury associated with unconsciousness or             | r concussion, of which required a stay in hospital for   |           |
|                      | observation or investigation?  | redicession, or which required a stay in mospharior      |           |
|                      | (iii) Heart disease or disorder or conditions causing shortness of breath on exertion?                               |  |           |
|                      | (iv) High Blood Pressure requiring investigation or treatment?   |  |           |
|                      | (v) Diabetes?  | (vertice) fainting attacks or blackouts of any           |           |
|                      | (vi) Epilepsy (when sleeping or awake), fits, dizziness (vertigo), fainting attacks or blackouts of any<br>duration? |  |           |
|                      | (vii) Disease of or injury or operation to either eye?   |  |           |
|                      |  | rer or range of movement of any arm or leg or of the     |           |
| 4                    | Cervical (neck) (Spine)?  (i) Is your eyesight normal in both eyes?  |  |           |
| <del></del>          |  | al with spectacles or other correction? When driving     |           |
|                      | (racing) with correction do you wear GLASSES/  | CONTACT LENSES? (delete as applicable)                   |           |
| 5                    | Are you taking any medication on a regular basis (presc  |  |           |
|                      | If so, please declare under Extra Medical Information, the medication and provide a copy of a valid medical press    |  |           |
|                      | 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  | of questions, 2, 3 & 5, please supply full details on a  |           |
|                      | separate sheet.  |  |           |
| EXT                  | RA MEDICAL INFORMATION   |  |           |
| If yo                | ou wish to add to the simple Yes or No answers oppo  | osite please make reference to the relevant section      | on and    |
| cor                  | nment on a separate sheet giving details of Hospito  | al or Consultant (Specialist) with dates if possible.    |           |
| l de                 | clare that the statements made to the JSRA in Part   | A regarding my physical and mental condition a           | nd any    |
| pre                  | vious injury or illness is true and accurate. I further o  | declare that if subsequent to being granted a lic        | ence I    |
| sho                  | uld suffer any illness or accident which might be lic  | able to affect its validity I will declare this to the J | ISRA so   |
|                      | t the JSRA can consider whether I should take part i   |  |           |
| -                    | nformation is withheld, misleading or false, you ma  | y be liable to suspension of your JSRA licence ar        | nd your   |
|                      | rance protection will be invalidated).   |  |           |
|                      | othorise any hospital or medical practitioner to prov  |  |           |
|                      | A Medical Officer for the purpose only of helping th   | nat Doctor decide it I am tit to undertake persono       | ıı water  |
|                      | ft racing.   | Tau.   |           |
| ગgા                  | nature of Applicant:   | Date:  |           |

#### PART B:

#### PART B(i) - MEDICAL NOTES FOR THE EXAMINING DOCTOR:

Competitors in personal water craft races held under the jurisdiction of the JSRA are required to pass the JSRA 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 JSRA 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 in entered upon the form.

The fees for the Medical Examination and any Specialist Examinations are the responsibility of the applicant (competitor) and not the JSRA, 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 JSRA 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 personal water craft 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 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 a Doctor if available.

#### 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 a Doctor 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 Personal water craft 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 before completing part B (ii).

1.

| Competitor's Name<br>(please print) | DOB:       | CURRENT PHOTOGRAPH OF COMPETITOR  |
|-------------------------------------|------------|---|
|                                     | DR'S STAMP | Doctor's signature confirming this is the person who was examined. Sign across photo. |

|   | Medical Examiner's Report continued:  | YES<br>OR NO |
|---|---|--------------|
| 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 personal water craft 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 AlbSugarBlood  |              |
| 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 personal water craft 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 JSRA with his/her comments recommending whether or not the applicant should be referred to a independent 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 personal water craft in competitive races.          |              |
|   | Doctor's Signature: Date:   |              |

### **RISK ASSESMENT - ALL APPLICANTS**

#### To be read by applicant and signed at bottom of form

In consideration of my being permitted to undertake Jet Sport Racing arranged by the Jet Sport Racing Association of Great Britain ("the Association") for the sport, which I hereby acknowledge contains an element of danger, being a motorised sport, I agree to keep indemnified the Association, 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 what so ever caused arising out of or in connection with my entry, or my taking part in, any race meeting, and I participate entirely at my own risk.

I accept the danger involved with Jet Sport Racing and willingly consent to the risk that I may face as a consequence of my participation.

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 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, 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 and any supplementary Regulations thereof.

All Personal Data shall be collected, held and used in compliance with the General Data Protection Regulation (EU) 2016/679 ("GDPR"), the Data Protection Act (UK), as amended from time to time, and any other legislation relating to the protection of Personal Data. Copies of the JSRA GDPR Policy and forms are available at jsra.co.uk

I confirm that I have read, understood, and agree to abide by the rules set out in (JSRA/IJSBA rule book) or current racing rules and give consent for my personnel data may be share with third parties, such as other clubs and racing organisations where this is necessary for the purpose of providing a service to or for you.

| 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    |
|------------------------|---------|
|                        |         |
| /D                     | (5.1.1) |
| (Parent/Guardian) Name | (Print) |

See Important Notes on page 9

## IMPORTANT NOTES

#### DRUG AND ALCOHOL ABUSE

The JSRA has a ZERO tolerance policy on drugs and alcohol, and it would fall under "bringing the sport into disrepute". The medical section of the Licence Application Form has a question relating to any abuse in the past three years. We expect people to be in control of themselves and their craft.

#### **ANTI-DOPING - TUE FORMS**

If you are taking drugs for medical reasons which contravene the list of prohibitive substances, you will need to fill out a TUE (Therapeutic Use Exemption) form enclosed and return it with you completed licence application form – you only need to complete this form if you are racing internationally.

The list can be found on the WADA site www.wada-ama.org

#### **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.

#### IN THE EVENT OF INJURY:

You will be required to declare whether you have suffered any injuries or trauma during a Personal water craft racing event and if you are sent to hospital for examination or treatment, then your licence will be withdrawn by the organisers (a JSR100 form is filled out and your licence returned to the JSRA). You will be sent a copy of the JSR100 form and you must get a doctor's signature declaring you fit before you can race again, and your licence will be reissued.



THE JSRA IS AFFILIATED TO THE IJSBA JSRA/IJSBA - IJSBAUK2020