



National Capital Kart Club (NCKC)

Attached is NCKC's membership package for the 2026 race season. Included in the package are a membership form, license application and waiver for driver and parents of minors. You also require a medical form (self declaration or doctor filled depending on your age).

ALL FORMS MUST BE PROVIDED FOR THE MEMBERSHIP TO BE COMPLETED

NCKC follows the licensing practices established by ASN Canada. Please ensure you have read and understand the medical requirements from ASN, these are identified in section 2.8 of Book 1 – Karting Sporting Regulations [available here](#). A medical (physical examination) OR a self-declaration form must be submitted; the form is available further in this document (page 2 only for self-declared).

If applying for a family membership, you will only need one membership form to be completed but each driver **MUST** have an NCKC release and Medical Form.

If you have a minor driver (< 18 years old), we will also require a copy of the NCKC parental consent form and a photocopy of the minor's birth certificate the first year you register. The NCKC parental consent form is available further in this document (both English and French versions).

*** Membership fee 2026***

Our membership fees are structured to provide value while limiting the number of payment transactions that must be made by members and processed by club volunteers. The events that are included in the NCKC 2026 racing season will be set by members in the spring AGM. Members should consider the value that comes along with a NCKC membership with benefits (Local or Regional benefit packages):

| Basic (Cost: \$145): Club membership and racing license | |
|---|--|
| Local Benefits (Cost: \$75): <ul style="list-style-type: none"> - Promo item (\$15-\$20 value) - Use of club transponder (\$150+ value) - Championship awards at end of season (Involves local events at Quyon and Lombardy + 1 event of Coupe de Montreal) | Regional Benefits (Cost: \$245): <ul style="list-style-type: none"> - Promo item (\$15-\$20 value) - Use of club transponder (\$250+ value) - Race day lunch for 2 (\$120 value) - Race day spec fuel (\$120+ value) - Championship awards at end of season (All events of the Coupe de Montreal series) |
| Notes: <ol style="list-style-type: none"> 1. Registration to take part in practice and race days is not included in NCKC benefits packages; this has to be paid to the specific event's organizer. 2. With 1 week advanced notice, use of club transponders by members to additional races not part of NCKC official schedules is included with benefits packages. | |



NATIONAL CAPITAL KART CLUB 2025 MEMBERSHIP FORM

Driver Information

| | NAME | BIRTH DATE | RACE CLASS |
|---|------|------------|------------|
| 1 | | | |
| 2 | | | |

Membership Type (circle)

| Type | Basic | Basic + Local Benefits | Basic + Regional Benefits |
|-------------------|---|---|---|
| Single | \$145 | \$220 | \$390 |
| Family | \$145 - 1 st member, \$80/additional member | \$220 - 1 st member, \$80/additional member | \$390 - 1 st member, \$125/additional member |
| Associate | \$75 | | |
| Extra meal ticket | N/A | N/A | \$35/season (if more than 1 driver and 1 mechanic expected at track on race days) |
| Day | \$40 | \$60 (\$40 day membership + \$20 for benefits) | \$90 (\$40 day membership + \$50 for benefits) |

Total: \$ _____ (Cash___ Cheque___ Online___)

Address and Contact Information

| | |
|------------------|--|
| Address: | |
| Phone/Cell: | |
| Emergency Phone: | |
| Email Address: | |

Medical & Waiver Guidelines

- All applications must include the NCKC annual release waiver attached
- A parent of any minor under the age of 18 must sign and attach the NCKC parental consent form.
- A parent of any minor under the age of 18 must provide proof of age if not on file with NCKC
- Medicals:
 - Any driver up to 50 years of age shall submit a completed and signed Medical Self Declaration form. If the applicant is under the age of majority in the province of application, the Medical Self Declaration must also be signed by a Parent/Guardian.
 - All drivers 50 years of age and older are required every two years to pass a medical examination by a physician.

If accepted as a member of the National Capital Kart Club (NCKC), I and other individuals named on this application agree that membership in NCKC is a privilege, not a right.

Signature of Member: _____

Date: _____

Parent/Guardian's signature required if driver is under 18 years of age

Bank transfers should be sent to: **Treasurer@nckc.net**

Please make cheques payable to: **National Capital Kart Club (NCKC)**

If mailing (with this form) send to: **3582 Wickham Court, Navan, Ontario K4B1K4**

If emailing scanned copies of these forms, send to: **Registrar@nckc.net**



National Capital Kart Club

AGREEMENT OF RELEASE

Print Driver name here: _____

IN CONSIDERATION of being granted the benefits of MEMBERSHIP in the **National Capital Kart Club**:

- 1. THE UNDERSIGNED**, for myself, my personal representatives, heirs, next of kin, successors and assigns, **DO**:
- 2. HEREBY AGREE TO ASSUME ALL RESPONSIBILITY AND LIABILITY FOR ALL ACTS OR ACTIVITIES** of myself, my drivers, assistants and crew for any and all damage or injury that may be caused by any or all of us or by our kart, motor, properties or possessions in any way growing out of or resulting from the operation of my equipment and/or as a result of our participating in a **National Capital Kart Club** event during the actual sanctioned period.
- 3. HEREBY AGREE** to be bound by all of the rules of **National Capital Kart Club** and agree that decisions of its officials and/or interpretations of its rules will be governed exclusively by the administrative review and appeal procedure set forth in such rules.
- 4. HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE THE National Capital Kart Club** as an association, including all its corporate, elected and appointed officials, all members of committees, referees and inspectors, volunteers, its individual members, its agencies of government which control essential land sites, financiers and firms which render essential service gratis, including all officers, agents and employees of the foregoing and additional volunteer workers assisting in sanctioned **NCKC** race and time trial activities, all hereinafter referred to as ***RELEASEES*** from or for any and all liability to me, my personal representatives, heirs, next of kin, successors and assigns, for all loss or damage for bodily injury, death or damage to property of the undersigned which in any way grows out of or results from **NCKC**. Race or time trial activity or part thereof, during the actual sanction period and whether any such claim may be based upon alleged active or passive negligence whether caused by the release or otherwise, or participation in the wrong, or upon any alleged breach of any statutory duty or obligation, and
- 5. HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS** the releases and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in or upon the restricted area or in any way competing, officiating, observing, or working for, or for any purpose participating in the event and whether caused by the negligence of the releases or otherwise.
- 6. HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE** due to the negligence of releases or otherwise while in or upon the restricted area and / or while competing, officiating, observing, or working for or for any purpose participating in the event.
- 7. THE UNDERSIGNED EXPRESSLY ACKNOWLEDGES AND AGREES THAT THE ACTIVITIES OF THE EVENT ARE VERY DANGEROUS AND INVOLVE THE RISK OF SERIOUS INJURY AND/OR DEATH AND/OR PROPERTY DAMAGE: THE UNDERSIGNED** further expressly agrees the foregoing release, waiver and indemnity agreement is intended to be as broad and inclusive as is permitted by the Law of the Province or State in which the event is conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
- 8. HEREBY ACKNOWLEDGE AND AGREE** that I have no right, property or interest in any radio or television broadcast, motion pictures, still photographs, tape or sound reproduction taken, made, transmitted, reproduced, or used for any purpose of any **National Capital Kart Club**. Sanctioned events, including practice, qualification, the race, awards ceremonies or other events associated with the racing event, also including, but not limited to pictures and sound of me alone or with other persons, with or without racing equipment, as well as any and all receipts there from, and any transcription thereof.

9. IN CONSIDERATION OF THEIR PROMOTIONAL EFFORTS ON BEHALF OF THE SPORT, I hereby assign all commercial communication and broadcast rights to the **National Capital Kart Club**, and do declare it as my lawful agent and representative regarding such rights.

I AGREE the **NCKC**. Or its assigns, on a non-exclusive basis, may use my name and pictures, including pictures of my racing equipment, and pictures taken at any sanctioned event for publicity purposes.

BY VOLUNTARILY AFFIXING MY SIGNATURE BELOW, I WARRANT THAT I have read and understand all of the foregoing. I accept the valuable **BENEFITS OF MEMBERSHIP** as good, valid and adequate considerations, the statements in my application are true and the releases will rely on them and upon all my commitments in entering into a membership contract with me.

IN WITNESS WHEREOF, I have hereunto set my hand and seal and signed this. _____, Day of _____ 20__.

APPLICATION FOR National Capital Karting Club MEMBERSHIP WILL NOT BE CONSIDERED UNLESS THIS AGREEMENT AND WAIVER IS PROPERLY SIGNED BELOW:

SIGNED: _____
(Driver) (Parent or Guardian if under 18)

Print your name here: _____

***Note: If you are under 18 years of age. Your Parent or Guardian Must Sign this document.**



PARENT'S OR GUARDIAN'S CONSENT AND WAIVER (for a driver under 18)

This document must be filled and signed before a license can be issued to anyone under the age of majority in his home province. The masculine form serves only to improve legibility.

I, parent or guardian of the hereby applicant (name: _____), knowing he has not reached the age of majority, that motorsport presents risks of physical injuries and/or damage to properties, and knowing he has applied for a driver's licence from the National Capital Kart Club (NCKC), hereby give my official consent to his participation, as a competitor in kart races, from the consent to the present request or to other licences awarded later.

In considering the issuance of the said licence, I hereby waive, in my name and that of my heirs assigns, executors and administrators, and on behalf of himself and his heirs, assigns, executors and administrators, to continue forever, NCKC and any person involved in the management or control of events under its auspices, for all actions, proceedings, claims and demands particular, for any situation arising from injury or death of the present holder the licence, or deriving damage to his property, in the event that such situations could happen, because of his participation in any event of the National Capital Kart Club, or any practice or qualifying race on herein.

IN WITNESS THEREOF, I have signed:

Parent's or tutor's signature

Print Name

Parent's driver permit number

Signed on (DD/MM/YYYY):



CONSETEMENT ET DÉCHARGE DU PARENT OU TUTEUR (pilote de moins de 18 ans)

Ce document doit être complété et signé avant qu'une licence puisse être accordée à toute personne n'ayant pas atteint l'âge légal de la majorité, dans la province de son domicile. Le masculin singulier est utilisé uniquement pour alléger le texte.

Je, parent ou tuteur du présent requérant (nom : _____), sachant qu'il n'a pas atteint l'âge de la majorité et que le sport automobile de compétition présente des risques de blessures corporelles et/ou d'endommagements à des propriétés, et sachant qu'il a fait une demande de licence de compétition du National Capital Kart Club (NCKC), donne, par la présente, le consentement officiel à sa participation, comme concurrent dans les courses de kart, d'après la permission faisant l'objet de la présente demande ou par d'autres licences accordées ultérieurement.

ET EN CONSIDÉRATION de la délivrance de ladite licence, je renonce, par la présente, en mon nom et en celui de mes héritiers ayant droits, exécuteurs et administrateurs, à poursuivre, pour toujours, NCKC, et toute personne s'occupant de la gestion ou du contrôle des événements sous ses auspices, par toutes actions, procédures, réclamations et demandes particulières, pour toute situation résultant des blessures ou du décès du présent détenteur de la licence, ou dérivant de l'endommagement à sa propriété, dans le cas où de telles situations peuvent se présenter, à cause de sa participation à tout événement du National Capital Kart Club, ou toute pratique ou course éliminatoire relative aux présentes.

EN FOI DE QUOI, j'ai apposé ma signature:

Signature du parent ou tuteur

Nom en lettres moulées

No de permis de conduire du parent

Signé le (JJ/MM/AAAA):



PHYSICAL EXAMINATION FORM FOR NCKC Kart COMPETITION LICENCE

Page 1 of 3

Dear Doctor,

This is page 1 of 3 pages. You are being asked to examine this candidate for a racing licence from the National Capital Kart Club (NCKC). If you find the candidate physically and psychologically fit, and they pass their other tests, the candidate will then be granted a licence that will enable them to drive a competition vehicle at extremely high speeds under the most exacting conditions.

Please, therefore, examine the candidate carefully and critically, and recommend them only if you are completely satisfied in all respects. You will thus be doing not only the applicant, but also our sport, a service by conducting this examination as carefully as possible.

Eyesight standards required:

- a) Visual acuity (before or after correction, sight for each eye should be at least 6/15 (metric). Furthermore, any subject whose visual acuity in one eye only is diminished and cannot be corrected and who necessarily has contralateral vision, whether corrected or not, equal to or greater than 6/6 (metric), may obtain a driver's licence under the following conditions and after examination by a competent ophthalmic specialist:
 - Field of vision equal to or greater than 120°
 - Functional stereoscopic vision
 - Condition of the fundus excluding pigmentary retinal damage
 - Any old or congenital damage shall be strictly unilateral
 - Blindness in one eye is absolutely excluded
- b) Normal binocular vision
- c) Normal colour vision (recourse to the Ishihara tables in doubtful cases and to the Beyne Lantern, or a similar system in cases of error); in any case, no errors in the perception of the colours of the flags used in international competitions
- d) The wearing of contact lenses is permitted provided that:
 - They have been worn for a period longer than 12 months and for a significant period every day
 - They are certified as satisfactory for motor racing by the ophthalmic specialist who supplied them (hard contacts are not recommended).

List of illnesses and disabilities incompatible with the practice of motor sport:

- Epilepsy with behavioural effects, or under treatment
- Amputations, except in the case of fingers where the gripping function in both hands is unimpaired
- Orthopedic appliances, if the functional result is not equal or near to normal
- Free movement of the limbs impeded by more than 50%
- Insulin-dependent diabetes, unless a document is provided to ASN Canada FIA signed by a medical doctor specializing in diabetes or internal medicine proving the regular supervision of the party concerned and of their treatments.
- Myocardial infarction and myocardial ischaemia, valvular disease or other abnormal cardio-vascular conditions
- Functional limitation of the articulations of the hand superior to 50% and affecting two or more fingers of the same hand
- Psychiatric conditions



**PHYSICAL EXAMINATION FORM
FOR NCKC Kart COMPETITION LICENCE**

Part 1: Applicants' Information

Name: _____ Age: _____
 Address: _____ Postal Code: _____
 City/Province: _____ Gender: M F
 Date of Birth: D: _____ M: _____ Y: _____ Height: _____ Weight: _____
 Wears Glasses: Yes No

Part 2: Applicants' Medical Self-Declaration

Have you been treated for, have you ever had, or have you now, any of the following: Yes, responses should be detailed on a separate sheet or the reverse of this page.

| Conditions: | Yes | No |
|--|-----|----|
| Frequent or severe headaches | | |
| Unconsciousness for any reason | | |
| Dizziness or fainting spells | | |
| Epilepsy or Seizures | | |
| Heart Trouble: | | |
| Valve disease | | |
| Coronary Artery Disease or Angina | | |
| Abnormal Cardiac Rhythms | | |
| High Blood Pressure | | |
| Psychiatric/Mental Health Problems | | |
| Operation(s) involving Eyes, Brain, Heart, Nerves, Blood Vessels, or Bones | | |
| Allergies | | |
| Eye trouble (except for glasses) | | |
| Asthma | | |
| Diabetes | | |
| Anemia, or other blood diseases including abnormal bleeding | | |
| Admission to a hospital in the past 12 months | | |
| Amputations and/or Physical disability | | |
| Previous license denial(s) due to a medical reason(s) | | |
| Date of last Tetanus Shot: | | |

List all Medications (include dosage and frequency taken):

Part 3: Applicants' Declaration

1. I declare that the information regarding my present state of health, given to the examining physician is correct.
2. I agree to be re-examined as follows:
 - a. Upon the expiration of my current medical as required by the current competition rules.
 - b. Following any significant illness, injury or hospitalization.
3. I give permission to any hospital, institution, or physician, to furnish my medical information to the National Capital Kart Club (NCKC).

Applicant Signature: _____ Date M _____ D _____ Y _____

Signature of Parent/Guardian if applicant is under the age of majority:
 _____ Date M _____ D _____ Y _____



**PHYSICAL EXAMINATION FORM
FOR NCKC Kart COMPETITION LICENCE**

Part 4: Examining Physicians' Information

| | |
|---------------------|--------------------|
| Name: _____ | Physician's Stamp: |
| Address: _____ | |
| City/Prov/PC: _____ | |
| Phone: _____ | |

Part 5: Examining Physicians' Report – Please review page 1 and 2, before doing an examination

Applicant Name: _____

1 Is there any evidence of abnormality of the heart or cardiovascular system? (If yes provide details in Part 6 below) Yes No

Note: Applicants for an International Competition licence are required to pass an annual medical examination. International Licence applicants 45 years of age or over must pass a Stress ECG initially and every 2 years thereafter. EGC Date: _____

2 Is there any evidence of a physical or mental condition, past or present which could, in your opinion, debar the applicant from holding a motor sport competition licence? (If yes provide details in Part 6 below). Yes No

3 Does the applicant have any physical abnormality of restriction of movement of upper and/or lower limbs? (If yes provide details in Part 6 below). Yes No

4 Vision

a) Has the applicant ever had any disease or disorder of the eye other than needing glasses or contact lenses? (If yes provide details in Part 6 below) Yes No

b) Are corrective lenses (contact lenses or glasses required for driving?). Yes No

c) I have performed a vision test. Yes No

5 Blood Pressure (If concerned, provide details in Part 6 below). Diastolic Systolic

6 Date of last Tetanus Shot M: D: Y:

Part 6: Details: (Continue on another page if necessary)

Part 7: Recommendation of Examining Physician

The applicant should have no established medical history or clinical diagnosis that may reasonably be expected, within 2 years after this finding, to make them unable to perform the duties or exercise the privileges of an NCKC kart competition licence.

On the basis of the above report, and mindful of the information provided to me, I make the following recommendation:

- That the applicant is physically and psychologically fit to drive a racing vehicle in competitive events at high speeds.
- That the applicant is NOT physically and psychologically fit to drive a racing vehicle in competitive events at high speeds.

Date: M: _____ D: _____ Y: _____ Signed: _____ M.D.

CODE OF CONDUCT

Member - National Capital Karting Club



PURPOSE: NCKC club membership and race license is a privilege. The purpose of this Code is to provide members with standards to guide their conduct and to advise them of the responsibilities and expectations that come with club membership.

GENERAL EXPECTATIONS: Joining a group comes with responsibilities. The behaviour of any individual within a group can affect the image of the whole group and other individuals who are part of it.

Membership with NCKC implies that an individual accepts to behave in a way that is consistent with the image and values that are core to the club. Failure to abide by this code can result in one's membership and race license to be revoked as prescribed in section 3.4 of our club bylaw.

SPECIFIC EXPECTATIONS: Members of the club (racers, family and team members) shall, at all time:

1. Respect other club members, other drivers, officiating staff and race organizers.
2. Follow the rules of our sport and do not intentionally cheat.
3. Behave in a positive and supportive manner when engaging in karting activities on and off the race track.
4. Provide a safe, clean and enjoyable environment in which individuals and families can enjoy kart racing as an activity.
5. Foster a spirit of unity and comradeship amongst the club and the karting community.
6. Respect venues, ensure the area they occupy in the paddock is clean before they leave and dispose of garbage appropriately (recycle oil, tires, etc.)

Member Acceptance

By signing below I, _____, agree to abide by the **Code of conduct**, as defined in this document.

Name (print): _____

Signature: _____

Date: _____



NCKC MEDIA RELEASE FORM

Purpose: Photography and Video Use for Social Media & Promotional Materials

Member Information

Participant Full Name: _____

(If member is under 18)

Parent/Guardian Name: _____

Parent/Guardian Phone: _____

Media Release Authorization

I hereby grant **NCKC** permission to photograph and/or record video of me or my child during NCKC practices, events, competitions, meetings, or other club-related activities. I understand that these photographs and video recordings may be used for, but are not limited to:

- Social media posts
- Promotional and marketing materials
- Website and digital content
- Educational or informational materials

I grant NCKC the right to use, reproduce, publish, and distribute this media in any format or medium, without compensation, now or in the future. I understand that:

- The media may be edited or combined with other content
- NCKC is not required to notify me before using the media
- I waive any right to inspect or approve the final product

This authorization is voluntary and may be revoked in writing at any time, except for materials already published.

Acknowledgment & Signature

I have read and understand this Media Release Form and agree to its terms.

Participant Signature: _____

Date: _____

(If participant is under 18)

Parent/Guardian Signature: _____

Date: _____