



AUSTRALIAN POWER BOAT ASSOCIATION NEW SOUTH WALES COUNCIL (NSW APBA) Inc.

Under the NSW Associations Incorporated Act 1984 and affiliated with the UI M
Through the Australian Power Boat Association National Council

AUSTRALIAN POWER BOAT ASSOCIATION

ABN: 20 741 105 932

PRESIDENT: GLENN BANKS

Mobile: 0432 559 987

E-mail: nswapbapresident@hotmail.com

SECRETARY: GLENN BURNS

Mobile: 0408 019 739

Email: nswcouncilapba@hotmail.com

Website: www.nswapba.net.au

ALL CORRESPONDENCE TO: PO Box 443, CHESTER HILL NSW 2162

29 August 2015

Licence Paperwork can be handed in at the following venues:

- **Saturday 5 September** – From 2pm at the Oasis Centre, Windsor (Reinforced Cockpit Test)
- **Saturday 12 September** – From 12 noon at Upper Hawkesbury Power Boat Club (Tech Inspections)
- **Sunday 13 September** – From 8am at Deepwater Motor Boat Club Race Day
- **Friday 18 September** – From 12 noon at Upper Hawkesbury Power Boat Club
- **Saturday 19 September** – From 7am to 9am at Upper Hawkesbury Power Boat Club

IF NOT PAYING IN PERSON, PLEASE SEND TO:

NSW LICENCE OFFICER

PO BOX 443

CHESTER HILL NSW 2162

NSW LICENCE FEES FOR 2015-2016 *(Costs inclusive of GST)*

	DRIVER Only	BOAT OWNER Only	OWNER/DRIVER	Additional Boat
Unrestricted / Limited	\$280.00	\$500.00	\$780.00	\$250.00
Restricted/F4-S	\$280.00	\$300.00	\$580.00	\$150.00
Formula Future	\$50.00	\$70.00	\$120.00	\$35.00
Single Event	\$250.00	\$250.00	\$500.00	
Day and Novice	\$60.00	\$90.00	\$150.00	
Formula Future Day	\$10.00	\$10.00	\$20.00	

DAY LICENCE

To encourage the entry of FORMER drivers back to the sport	Not valid for Championship, Major Day or, Speed/Time Trials
Only valid for competition at individual events	Requires a Self-Assessing DAY MEDICAL Form to be completed
ONLY TWO (2) DAY LICENCES can be held in any one season	Can be upgraded to FULL or ½ YEAR Licences

NOVICE LICENCE

To encourage the entry of NEW drivers to the sport	Requires a Self-Assessing NOVICE MEDICAL Form to be completed
Only valid for competition at individual events	NOT to be issued to any driver that has previously held any type of APBA Competition Licence
ONLY TWO (2) NOVICE LICENCES can EVER be obtained	
Not valid for Championship, Major Day or Speed/Time Trials	Can be upgraded to FULL or ½ YEAR Licences

SINGLE EVENT LICENCES

Applicant must have held a FULL Licence in the previous year and show proof of it	Cannot be upgraded during the season – only additional Single Event Licences may be purchased
Only valid for the duration of a single sanctioned meeting	Requires the holder to obtain a current Medical Certificate

HALF YEAR LICENCE FEES *(Costs inclusive of GST)*

Only available from 1 March 2016

	DRIVER Only	BOAT OWNER Only	OWNER/DRIVER	Additional Boats
Unrestricted / Limited	\$180.00	\$300.00	\$480.00	\$150.00
Restricted / F4-S	\$180.00	\$200.00	\$380.00	\$100.00
Formula Future	\$30.00	\$40.00	\$70.00	\$20.00



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PLEASE NOTE:

- **MEDICAL EXAMINATIONS ARE REQUIRED EVERY YEAR** – As with your APBA Licence, your medical expires on 31 August each year, regardless of when you had it done.
- **EMAIL ADDRESS – IF YOU HAVE AN EMAIL ADDRESS, PLEASE COMPLETE THE SECTION OF YOUR LICENCE and/or BOAT OWNER APPLICATION** – in this electronic age, the NSW Council and Clubs can send information to you faster and direct via email.

RENEWAL CHECKLIST

- MEDICAL EXAMINATION (FORM 22) OR FORMULA FUTURE MEDICAL (FORM 22FF)**
 - Regardless if you had a Medical last year, you will need a NEW Medical for this season.
 - The Formula Future Medical must be completed by and signed off by a parent or guardian.
- LICENCE FORM (FORM 23 CL) – this form needs to be fully filled out. You must also have your Club Sign off that you are a current member. You will also need to include the following:**
 - A photocopy of your NSW Maritime or other State Boating Authority Boating Licence
 - Signatures or other documentation proving that you have raced on 2 occasions during 2013-14.

Failure to provide documentation will result in a Probationary Licence being issued.

 - Proof of Cockpit Immersion Testing.
- BOAT OWNER FORM (FORM 23 BO) – this form needs to be fully filled out. You must also have your Club Sign off that you are a current member. This form contains ALL information pertaining to your boat (or boats) and MUST be completed by YOU AND YOUR CLUB as proof of your current membership. Please include:**
 - A photocopy of your NSW Maritime or other State Boating Authority registration.
 - Hull Identification Number (HIN) and engine capacity
- ALL APPLICATIONS MUST INCLUDE PAYMENT: CHEQUES or MONEY ORDERS are to be made out in favour of Australian Power Boat Association – NSW Council.**
- If posting your Application, please allow 10 working days for processing.**

YOUR APPLICATION WILL NOT BE PROCESSED AND RETURNED IF:

- A photocopy of your NSW Maritime or other State Boating Authority Boat Licence and/or Boat Registration is not attached.
- Forms (*Medical/Licence/Boat Owner*) are NOT COMPLETE or NOT SIGNED by YOURSELF or YOUR CLUB. It is YOUR responsibility to prove you have current Club Membership – not ours!
- No Proof that you competed on at least 2 occasions during 2013-14 season. If there is no proof, you will be issued with a PROBATIONARY Licence. It is YOUR responsibility to get the required Licence signatures – not ours!
- There is NO Payment attached.

IF POSTING YOUR LICENCE AND BOAT OWNER APPLICATIONS, PLEASE SEND TO:

**NSW LICENCE OFFICER
PO BOX 443
CHESTER HILL NSW 2162**



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ALL CORRESPONDENCE TO: PO Box 443, CHESTER HILL NSW 2162

PAYMENT METHODS:

Unfortunately, the NSW Council does not have EFTPOS or PayPal available as payment methods.

The only acceptable payment methods are:

- Cash
- Cheque (made out to NSW APBA)
- Money Order (made out to NSW APBA)
- EFT (Electronic Funds Transfer). If using EFT:

BSB: 062 234 Account Number: 0080 0798

Reference: please use your name & race number for the reference

Please ensure that you print a copy of the receipt as proof that payment has been made – no receipt, no licence will be issued.

Licence Paperwork can be handed in at the following venues:

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IF NOT PAYING IN PERSON, PLEASE SEND TO:

**NSW LICENCE OFFICER
PO BOX 443
CHESTER HILL NSW 2162**

NSW LICENCE FEES FOR 2015-2016 (Costs inclusive of GST)

	DRIVER Only	BOAT OWNER Only	OWNER/DRIVER	Additional Boat
Unrestricted / Limited	\$280.00	\$500.00	\$780.00	\$250.00
Restricted	\$280.00	\$300.00	\$580.00	\$150.00
Junior	\$50.00	\$70.00	\$120.00	\$35.00
Single Event	\$250.00	\$250.00	\$500.00	
Day and Novice	\$60.00	\$90.00	\$150.00	
Formula Future Day	\$10.00	\$10.00	\$20.00	

HALF YEAR LICENCE FEES (Costs inclusive of GST)

Only available from 1 March 2016

	DRIVER Only	BOAT OWNER Only	OWNER/DRIVER	Additional Boats
Unrestricted / Limited	\$180.00	\$300.00	\$480.00	\$150.00
Restricted	\$180.00	\$200.00	\$380.00	\$100.00
Junior	\$30.00	\$40.00	\$70.00	\$20.00

IF POSTING YOUR LICENCE/BOAT OWNER APPLICATIONS, PLEASE SEND TO:

**NSW LICENCE OFFICER
PO BOX 433
CHESTER HILL NSW 2162**

Tick one box	BOAT OWNER RENEWAL	NEW BOAT OWNER APPLICATION
NAME:		
ADDRESS:		
SUBURB:		POST CODE:
PHONE:		DATE OF BIRTH:
EMAIL:		
APBA AFFILIATED CLUB:		CLUB MEMBERSHIP EXPIRES:
BOAT REGISTRATION NUMBER:		STATE OF ISSUE:
BOAT REGISTRATION EXPIRY DATE:		APBA RACE No
HULL IDENTIFICATION NUMBER (HIN):		
BOAT NAME:		ENGINE CAPACITY:
TYPE OF BOAT	<input checked="" type="checkbox"/>	UNLIMITED
INBOARD DISPLACEMENT	I	LIMITED
INBOARD HYDROPLANE	IH	RESTRICTED
OUTBOARD (excluding Hydro & Tunnels)	O	FORMULA FUTURE
OUTBOARD HYDROPLANE	OH	ADDITIONAL BOAT
FORMULA FUTURE	FF	CATEGORY OF MEMBERSHIP
OFFSHORE	OS	<input checked="" type="checkbox"/>
To be eligible to compete in any APBA Sanctioned event, the Boat Owner is required to have current financial membership of the APBA and the driver must hold an appropriately endorsed APBA Competition Licence	<input checked="" type="checkbox"/>	FULL YEAR
GRADE OF BOAT (one only)		HALF YEAR
		SINGLE EVENT

DECLARATION BY THE APPLICANT: *An applicant making a false declaration is liable to refusal or cancellation of membership*

I hereby apply for the issue/renewal of an APBA Boat Owner Licence, the grade of boat specified herein. I declare that:

- I am in possession of, or will obtain the current Racing & Safety Rules Book and will abide by the Rules & Regulations contained therein.
- I will not do anything that will bring powerboat racing or the Australian Power Boat Association into disrepute.**
- I am in possession of a current Boat Registration as required by my State Boating Authority and I acknowledge that this application is conditional on compliance with the applicable State Boating Authority requirements.
- the particulars given in this application are true and correct.
- I will notify the Association if any changes to the information on this application occur.

I agree that if my membership of an APBA Affiliated Club lapses or is terminated that I will notify the Association. I understand that I will cease to be a member of the Australian Power Boat Association if my membership to an APBA Affiliated Club ceases.

SIGNATURE OF APPLICANT:	PRINT NAME:	DATE:
SIGNATURE OF WITNESS:	PRINT NAME:	DATE:
DECLARATION BY THE APPLICANTS CLUB: (To be completed only by an Authorised Club Official)		
I certify that the above named is a Full Financial Member of the abovementioned APBA Affiliated Club. Their declaration is to the best of my knowledge and belief is true and correct. I HAVE / HAVE NOT sighted the documents referred to in this application.		
SIGNATURE of CLUB OFFICIAL	NAME of OFFICIAL (Please print)	OFFICE HELD
		DATE


STATISTICAL INFORMATION ONLY

Will your boat enter any APBA Championships this season?			
Does the boat compete mainly in:	Club Events:	Spectaculars/Major Days:	Mix of both:

LICENCE ISSUING OFFICER USE ONLY

Licence/Race No:	Date Issued:	Issued by:

Return completed form to: **NSW Licence Officer, PO Box 443, CHESTER HILL NSW 2162**

Tick one box 		LICENCE RENEWAL		NEW LICENCE APPLICATION	
NAME:					
ADDRESS:					
SUBURB:		POST CODE:			
PHONE:		DATE OF BIRTH			
EMAIL					
APBA AFFILIATED CLUB:				CLUB MEMBERSHIP EXPIRES:	
STATE BOATING AUTHORITY LICENCE NUMBER:				STATE OF ISSUE:	
STATE BOATING AUTHORITY EXPIRY DATE:				APBA RACE No:	
NEXT OF KIN – NAME AND CONTACT NUMBER:					
ARE YOU REQUIRED TO WEAR CONTACTS OR GLASSES WHEN RACING:		YES		NO	

CLASS OF LICENCE (Multiple classes are permitted)		<input checked="" type="checkbox"/>
INBOARD DISPLACEMENT	I	
INBOARD HYDROPLANE	IH	
OUTBOARD (excluding Hydro & Tunnels)	O	
OUTBOARD HYDROPLANE	OH	
OFFSHORE	OS	
REINFORCED COCKPIT TEST: A Reinforced cockpit test is required every 2 years		<input checked="" type="checkbox"/>
I HAVE completed a test in the past 2 years (Provide proof or Date of Last Test)		
I HAVE NOT completed a test in the past 2 years		

LICENCE GRADE (one only)	<input checked="" type="checkbox"/>
UNLIMITED	
LIMITED	
RESTRICTED (including Formula 4 only)	
CATEGORY OF LICENCE (one only)	<input checked="" type="checkbox"/>
FULL YEAR	
PROBATIONARY	
HALF YEAR	
SINGLE EVENT	

To be eligible to compete in any APBA Sanctioned event, the Boat Owner is required to have current financial membership of the APBA and the driver must hold an appropriately endorsed APBA Competition Licence.

DECLARATION BY THE APPLICANT: *An applicant making a false declaration is liable to refusal or cancellation of membership.*

I hereby apply for the issue/renewal of an APBA Competition Licence, endorsed for the type and class of boat that I am experienced in driving as indicated by myself on this application. I declare that:

- I am in possession of, or will obtain the current Racing & Safety Rules Book and will abide by the Rules & Regulations contained therein.
- I will not do anything that will bring powerboat racing or the Australian Power Boat Association into disrepute.
- I am in possession of a current State Boating Licence as required by my State Boating Authority and I acknowledge that this application is conditional on compliance with the applicable State Boating Authority requirements.
- the particulars given in this application are true and correct.
- I will notify the Association if any changes to the information on this application occurs.
- I agree that if my membership of an APBA Affiliated Club lapses or is terminated that I will notify the Association. I understand that I will cease to be a member of the Australian Power Boat Association if my membership to an APBA Affiliated Club ceases.

SIGNATURE OF APPLICANT:	PRINT NAME:	DATE:
SIGNATURE OF WITNESS:	PRINT NAME:	DATE:

DECLARATION BY THE APPLICANTS CLUB: *(To be completed only by an authorised Club Official - strike out the sections that DO NOT apply)*

I certify that the above named is a Full Financial Member of the above-mentioned APBA Affiliated Club. Their declaration is to the best of my knowledge and belief is true and correct. **I HAVE / HAVE NOT sighted the documents referred to in this application.**

SIGNATURE of CLUB OFFICIAL	PRINT NAME	OFFICE HELD	DATE

LICENCE ISSUING OFFICER USE ONLY

Licence Number:	Date Issued	Issued by:

Return the completed form to: NSW Licence Officer, PO Box 443, CHESTER HILL NSW 2162

MEDICAL FORM

IMPORTANT NOTES TO APPLICANT

1. Please complete sections 1, 2 & 3 of this form. **Print clearly with a black ballpoint pen**
These sections must be done prior to visiting the Medical Examiner (Doctor)
2. Prior to your visit to the Medical Examiner you should telephone for an appointment
3. Sections 1, 2, 3 & 4 of this form are retained by the Medical Examiner for their records.
4. Section 5 is returned with your licence paperwork to your Member Council Licence Officer – NSW Licence Officer, PO Box 443, CHESTER HILL NSW 2162

SECTION 1 – TO BE COMPLETED BY APPLICANT

SURNAME:			
GIVEN NAMES:			
RESIDENTIAL ADDRESS:			
STATE:		POST CODE:	
POSTAL ADDRESS: (If different from residential address)			
STATE:		POST CODE:	
PHONE (HOME):		PHONE (WORK):	
MOBILE:		FAX:	
EMAIL:			
OCCUPATION:			
DATE OF BIRTH:			

SECTION 2 – TO BE COMPLETED BY APPLICANT

STATEMENT BY APPLICANT		<i>Please tick</i>	YES	NO
A	Do you at present have any disease or disability?			

HAVE YOU EVER SUFFERED FROM:

B	Anxiety State. Depression or any nervous or mental disorder?		
C	Headaches - recurrent or severe?		
D	Epilepsy, fits, turns or blackouts?		
E	Fainting, giddiness or dizziness?		
F	Head injury or concussion?		
G	Tuberculosis, Bronchitis, Asthma or Pneumonia?		
H	Rheumatic Fever or heart disease?		
I	Indigestion, gastric or duodenal ulcer?		
J	Kidney or bladder trouble?		
K	Diabetes?		
L	Anemia or other blood disorder?		
M	Jaundice, hepatitis or glandular fever?		
N	Noises in ear, earache or discharge?		
O	Chronic sinus trouble?		
P	Any surgical operation?		
Q	Any fracture or broken bones?		
R	Any illness or injury not mentioned?		
S	Wear glasses or contact lenses?		
T	Take any tablets, injections or other form of medication?		

For each 'Yes' answer, please provide full details (including dates where applicable) in the space below:

Note: if there is not enough space here, please attach an additional page with the details.

SECTION 3 - DECLARATION TO BE COMPLETED BY APPLICANT

I, _____ hereby declare that I have carefully considered my answers to the questions above, and that to the best of my knowledge that they are complete and correct and I have not withheld any information or made any misleading statement.

Furthermore, I declare that, should I sustain any accident or injury, or should any of the above answers not continue to apply throughout the currency of any licence issued to me based on this medical examination, I agree to immediately surrender such licence to the APBA and agree to submit myself for a further medical examination.

I authorise the Medical Assessor, or his/her representative to obtain relevant clinical records, X-rays and pathology reports from any hospital or medical practitioner that I have previously attended.

If a female applicant, I agree to abstain from exercising the privileges of this licence in the last four (4) months of pregnancy.

Date:		Signature of Applicant:	
Witness or Medical Examiner:			

SECTION 4

CONFIDENTIAL REPORT BY MEDICAL EXAMINER

AGE		HEIGHT		WEIGHT	
PULSE RATE			BLOOD PRESSURE		
		Tick Answers			
		Normal	Abnormal	Normal	Abnormal
CARDIOVASCULAR SYSTEM			CENTRAL NERVOUS SYSTEM		
Heart Size				Intellect	
Heart Sounds				Deep Reflexes	
Murmurs				Coordination	
ECG (if required)					
RESPIRATORY SYSTEM			LIMBS		
Air Entry				Deformity	
Breath Sounds				Range of Joint Movement	
Accompaniments					
ABDOMEN			URINE		
Viscera				Protein	
Hernia Orifices				Glucose	
ENT & VESTIBULAR SYSTEMS			VISUAL SYSTEM		
Tympans				Eyes – any Abnormality	
Nystagmu				General Inspection	
Sharpened Rhomberg				Eye Movements, cover test	
				Fields, confrontation test	

VISUAL ACTIVITY

NATURAL SIGHT	Right	Left
	6 /	6 /

WITH CORRECTION SPECTACLES / CONTACT LENSES	Right	Left
	6 /	6 /

EXAMINERS COMMENTS

On history

On examination

SECTION 5

THIS PAGE ONLY TO BE RETURNED TO YOUR
AUSTRALIAN POWER BOAT ASSOCIATION MEMBER COUNCIL

MEDICAL EXAMINATION RECORD

PLEASE PRINT CLEARLY WITH A BLACK OR BLUE PEN

APPLICANT DETAILS

SURNAME:	
GIVEN NAMES:	
RESIDENTIAL ADDRESS:	
DATE OF BIRTH:	

STATEMENT BY EXAMINER

Today, I have examined _____

and find this applicant **FIT / UNFIT** to participate in Power Boat Racing.

Name of Medical Examiner (*please print*): _____


Signature of Medical Examiner

Date of Medical Examination

To enable the applicant to be given a licence, it is required that the Medical Examiner's stamp be placed over his/her signature. Failure to do this will result in the non-acceptance, by the Australian Power Boat Association, of this application.

APBA OFFICE USE ONLY

Date:	
Licence No.:	
Race No.:	
Next medical due:	

Tick one box 	LICENCE RENEWAL		NEW LICENCE APPLICATION	
NAME:				
ADDRESS:				
SUBURB:		POST CODE:		
PHONE:		DATE OF BIRTH		
EMAIL				
APBA AFFILIATED CLUB:			CLUB MEMBERSHIP EXPIRES:	
STATE BOATING AUTHORITY YOUNG ADULT LICENCE NUMBER:			STATE OF ISSUE:	
STATE BOATING AUTHORITY LICENCE EXPIRY DATE:			APBA RACE No:	
NEXT OF KIN – NAME AND CONTACT NUMBER:				
ARE YOU REQUIRED TO WEAR CONTACTS OR GLASSES WHEN RACING:		YES		NO

CATEGORY OF LICENCE (one only)	<input checked="" type="checkbox"/>
FULL YEAR	
HALF YEAR (<i>only available after 1 March</i>)	
REINFORCED COCKPIT ORIENTATION A Reinforced cockpit test is required every 2 years	<input checked="" type="checkbox"/>
I HAVE completed the Orientation in the past 2 years (please provide proof or date of last test)	
I HAVE NOT completed the Orientation in the past 2 years	

FORMULA FUTURE SAFETY ORIENTATION	
I HAVE completed a Formula Future Safety Orientation (please provide proof or date of last test)	
I HAVE NOT completed a Formula Future Safety Orientation	

To be eligible to compete in any APBA Sanctioned event, the Boat Owner is required to have current financial membership of the APBA and the driver must hold an appropriately endorsed APBA Competition Licence.

DECLARATION BY THE APPLICANTS PARENT OR GUARDIAN:

An applicant making a false declaration is liable to refusal or cancellation of membership.

I hereby apply on behalf of my child for the issue / renewal of an APBA Competition Licence, endorsed for the type and class of boat that my child is experienced in driving as indicated on this application. I declare that:

- The applicant is in possession of, or will obtain the current Racing & Safety Rules Book and will abide by the Rules & Regulations contained therein.
- **Neither myself or the applicant will do anything that will bring powerboat racing or the Australian Power Boat Association into disrepute.**
- The applicant is in possession of a current State Boating Licence as required by my State Boating Authority and I acknowledge that this application is conditional on compliance with the applicable State Boating Authority requirements.
- the particulars given in this application are true and correct.
- I will notify the Association if any changes to the information on this application occurs.
- I agree that if my or the applicants membership of an APBA Affiliated Club lapses or is terminated that I will notify the Association. I understand that I will cease to be a member of the Australian Power Boat Association if my membership to an APBA Affiliated Club ceases.

SIGNATURE OF APPLICANTS PARENT or GUARDIAN:	SIGNATURE OF WITNESS	DATE:

DECLARATION BY THE APPLICANTS CLUB:

To be completed only by an authorised Club Official - strike out the sections that DO NOT apply.

I certify that the above named is a Member of the above-mentioned APBA Affiliated Club. Their declaration is to the best of my knowledge and belief is true and correct. **I HAVE / HAVE NOT sighted the documents referred to in this application.**

SIGNATURE of CLUB OFFICIAL	NAME of OFFICIAL (Please print)	OFFICE HELD	DATE

LICENCE ISSUING OFFICER USE ONLY

Licence Number:	Date Issued	Issued by:

Return the completed form to: NSW Licence Officer, PO Box 443, CHESTER HILL NSW 2162

APPLICANT DETAILS
SURNAME _____ **First Name** _____
ADDRESS _____
 _____ **POSTCODE** _____
Phone Number: _____ **Date of Birth:** ___ / ___ / ___
 Has your child ever been refused an APBA Licence? YES NO
BY SIGNING THIS FORM I CERTIFY THAT:
 My Child has no other illnesses, conditions or any other physical or mental condition that would make it dangerous for them or others driving a racing powerboat.
 That my child has not been advised by any medical person to refrain from contact sports or activities where physical exertion is required, or from activities where my child will be subject to physical abuse.

LICENCE OFFICER USE ONLY	
LICENCE NUMBER	YEAR
FORMULA FUTURE LICENCES ONLY	

HAS YOUR CHILD EVER SUFFERED FROM:

1	Nervous Disorder? (Nerves, Neurasthenia or anxiety attack)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	10	Earache or discharge?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2	Headaches?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	11	Surgical operation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3	Fits or convulsions, blackouts, fainting or giddiness?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	12	Injuries related to Motor Sport?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4	Asthma or lung disease?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	13	Other injuries?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5	Epilepsy?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	14	Other illnesses not mentioned?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
6	Head Injury or concussion?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	15	Any form of medication taken on a regular basis, as prescribed by a medical professional?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
7	Diabetes?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	16	Any known allergies?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
8	Heart Disease?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	17	Bleeding disorders?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
9	Deafness or noises in the ear?	YES <input type="checkbox"/>	NO <input type="checkbox"/>				

IF YES TO ANY OF THE ABOVE, STATE QUESTION NUMBER AND GIVE FULL DETAILS HERE (Attach a separate sheet if insufficient space provided)

DECLARATION TO BE SIGNED BY PARENT or GUARDIAN: *(An applicant making a false declaration is liable to refusal or cancellation of licence)*

In case of a dispute, I understand that an APBA appointed Medical Assessor will make the final decision.
 I hereby declare that I have not withheld any relevant information or made any misleading statement.
 Furthermore, I declare that, should any of the above conditions become evident during the currency of this licence, I agree to withdraw my child from exercising the privileges of this licence, and to notify the APBA Medical Assessor and submit my child to a further medical examination, the results of which are to be forwarded to that assessor.
 I undertake not to allow my child to use any drugs, medication or substances that might be considered illegal within a period of 48 hours prior to using this competition licence, which might have any affect upon his/her performance, concentration or driving ability.
 I agree to undertake to allow my child any drug analysis tests, including for alcohol that may be considered necessary by the APBA.
 I hereby give my full authority to the APBA Medical Assessor to obtain the relevant Clinical Records, X-ray and Pathology Reports and from any Medical Officer that my child has previously attended.

SIGNATURE OF APPLICANTS PARENT or GUARDIAN:	PRINT NAME	DATE:
SIGNATURE OF WITNESS:	PRINT NAME	

Return the completed form to: NSW Licence Officer, PO Box 443, CHESTER HILL NSW 2162

PRESIDENT:	GLENN BANKS	SECRETARY:	GLENN BURNS
Mobile:	0432 559 987	Mobile:	0408 019 739
Email:	nswapbapresident@hotmail.com	Email:	nswcouncilapba@hotmail.com
Website: www.nswapba.net.au			

ALL CORRESPONDENCE TO: PO Box 443, CHESTER HILL NSW 2162

At the NSW Council Annual General Meeting held on Tuesday 11 August 2015, the following people were elected to or appointed as Executive Members of the NSW Council.

NEW SOUTH WALES STATE COUNCIL – PO Box 443, CHESTER HILL NSW 2162			
Email:	nswcouncilapba@hotmail.com	Website:	www.nswapba.net.au
Patron	Charles Mayfield	02 4573 6911	
Patron & RMS Delegate	Geoff Duvall	0409 900 418	
President & Rules Officer	Glenn Banks	0432 559 987	nswapbapresident@hotmail.com
Secretary & Licence Officer	Glenn Burns	0408 019 739	nswcouncilapba@hotmail.com
Treasurer	Debbie Greentree	0408 581 785	treasurer.nswapba@gmail.com
Senior Vice President & Safety Officer	Ron Beasley	0422 033 478	ronaldbeasley@bigpond.com
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AUSTRALIAN POWER BOAT ASSOCIATION

AUSTRALIAN POWER BOAT ASSOCIATION
NEW SOUTH WALES COUNCIL (NSW APBA) Inc.
 Under the NSW Associations Incorporated Act 1984 and affiliated with the UIM
 Through the Australian Power Boat Association National Council
ABN: 20 741 105 932

PRESIDENT: GLENN BANKS

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ALL CORRESPONDENCE TO: PO Box 443, CHESTER HILL NSW 2162

2015-2016 NATIONAL RACE CALENDAR

September 2015

5	NSWAPBA	Reinforced Cockpit Orientation & Formula Future Swim Test	Oasis Leisure Centre, Windsor NSW	
6	VSBC	Club Day	Lake Eppalock, VIC	C3
13	DMBC	Club Day	Georges River, Milperra NSW	C3
13	ASBC	Opening Day	Gillman, SA	C3
18/19/20	UHPBC	Spectacular & Australian Blown Lites Championship	Hawkesbury River, Windsor NSW	C2

October 2015

18	RTAC	Club Day & Round 1 Blue Water Oyster Formula Future Series	Hunter River, Raymond Terrace NSW	C3
25	ASBC	Club Day	Gillman, SA	C3
26	UHPBC	Club Day	Hawkesbury River, Windsor NSW	C3
31	StGAC	Club Day	Kogarah Bay, Sans Souci NSW	C3
31/1 Nov	WASBC	Racing	Lake Towerrinning, WA	C3

November 2015

1	GDBC	Club Day	Lake Glenmaggie, VIC	C3
8	WASBC	Australian Championship – Stannard Cup	Burswood, WA	C2
14	NWPBC	Round 1 Tas. Hi Point Series.	Horsehead Creek, Devonport TAS	C2
15	DMBC	Club Day	Georges River, Milperra NSW	C3
21/22	ASBC	Australasian Championship – Marj Watson Trophy & Dorwin Gold Cup	Gillman, SA	C2
28/29	VSBC	Eppalock Gold Cup	Lake Eppalock, VIC	C2
29	RTAC	Club Day & Round 2 Blue Water Oyster Formula Future Series	Hunter River, Raymond Terrace NSW	C3
29	SQPBCS	Club Day	Yeronga, QLD	C3

December 2015

6	TAPBC	Club Day	Manning River, Taree NSW	C3
6	UHPBC	Club Day	Hawkesbury River, Windsor NSW	C3
13	DMBC	Christmas Club Day	Georges River, Milperra NSW	C3
13	WASBC	Club Day	Burswood, WA	C3
13	MYCT	Wayne Cross Memorial	Granton, TAS	C3

January 2016

2/3	GDBC	Glenmaggie Gold Cup / Daryl Hamilton Memorial	Lake Glenmaggie, VIC	C2
9	ASBC	Club Day	Berri, SA	C3
9	DMBC	Australian Formula Future C'ships	Georges River, Milperra NSW	C3
10	WASBC	Club Day	Burswood, WA	C3
10	MYCT	Diana's on the Derwent	Granton, TAS	C3
10	DMBC	Club Trophy Day	Georges River, Milperra NSW	C3
16/17/18	UHPBC	Spectacular	Hawkesbury River, Windsor NSW	C2
23/24	ASBC	Berri Spectacular	Berri, SA	C2
Tues 26	RTAC	Australia Day Demonstrations (TBC)	Hunter River, Raymond Terrace NSW	C3
30	StGAC	Club Day	Kogarah Bay, Sans Souci NSW	C3

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2015-2016 NATIONAL RACE CALENDAR

February 2016				
5/6/7	MRSBC	Melton Gold Cup	Melton, VIC	C2
7	TAPBC	Club Day	Manning River, Taree NSW	C3
7	UHPBC	Club Day	Hawkesbury River, Windsor NSW	C3
13	WASBC	Club Day	Burswood, WA	C3
14	RTAC	Club Day & Final Round Blue Water Oyster Formula Future Series	Hunter River, Raymond Terrace NSW	C3
14				
20/21	AFPGP	Round 1 – Australian Championship Series – F1, F2, F3, F4 & Optimax	Lake Mulwala, Mulwala NSW	C2
21	ASBC	Club Day	Berri, SA	C3
27/28	StGAC	Spectacular & Australian Championships – Riverside Trophy, Len Sheltrum Trophy & Race Marine Trophy	Kogarah Bay, Sans Souci NSW	C2

March 2016				
5	NSWAPBA	Reinforced Cockpit & Formula Future Swim Tests	Oasis Leisure Centre, Windsor NSW	
5/6	NWPBC	Apex Regatta	Devonport, TAS	C3
6	DMBC	Club Day	Georges River, Milperra NSW	C3
6	VOC	Club Day	Lake Charm, VIC	C3
6	UHPBC	Club Day	Hawkesbury River, Windsor NSW	C3
12/13	MYCT	Australian Championship – Hayes Wood Trophy	Granton, TAS	C2
13	WASBC	Club Day	Burswood, WA	C3
13	SQPBSC	Club Day	Yeronga, QLD	C3
19	ASBC	Club Day	Gillman, SA	C3
25/26/27	TAPBC	Easter Classic Australian Championships – Max Kirwan Trophy, Keith Swift Cup, Mary & Ernie Nunn Series Rd1 and NSW State Council Trophy	Manning River, Taree NSW	C2

April 2016				
3	DMBC	Club Day	Georges River, Milperra NSW	C3
9	NWPBC	Club Day	Rosevears, TAS	C3
9/10	EGPBC	Paynesville Gold Cup	Paynesville, VIC	C2
10	RTAC	Club Day	Hunter River, Raymond Terrace NSW	C3
10	UHPBC	Club Day	Hawkesbury River, Windsor NSW	C3
16/17	AFPGP	Round 2 – Australian Championship Series – F1, F2, F3, F4 & Optimax	Lake Wyangan, Griffith NSW	C2
17	ASBC	Club Day	Gillman, SA	C3
23/24	VSBC	A/Asian Championship - EC Griffith Cup and Australian Championships Albert Corn Trophy, Lawson Shield, ASDA Trophy, Dulux Trophy, Motor Spares Trophy, Wyangan Cup, Association Trophy, Kerry Rogers Trophy, Blakes Marine Trophy, Bert Hines Trophy and Mary & Ernie Nunn Series Rd 2	Lake Eppalock, VIC	C2

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2015-2016 NATIONAL RACE CALENDAR

May 2016

1	UHPBC	Bridge to Bridge Powerboat Classic	Hawkesbury River, Brooklyn to Windsor NSW	C3
8	RTAC	Club Day & Australian Championships Barry Bourke Trophy, 25hp Racing Club Trophy, Ken France Trophy, Paul's Outboard Services Trophy and J Hudson & J Keevers Trophy	Hunter River, Raymond Terrace NSW	C3
14/15	ASBC	Thommo/Bennet Gold Cup	Gillman, SA	C3
21	StGAC	Club Day	Kogarah Bay, Sans Souci NSW	C3
29	DMBC	Club Day	Georges River, Milperra NSW	C3

June 2016

5	UHPBC	Club Day	Hawkesbury River, Windsor NSW	C3
11/12	DVBC	Major Day and Australian Championships - Arch Spooner Gold Cup & Errol Jay Trophy	Hawkesbury River, Lower Portland NSW	C1
18/19	AFP GP	Round 3 – Australian Championship Series – F1, F2, F3, F4 & Optimax	Clarence River, Grafton NSW	C2
25/26	GCPBSC	Lockyer Power Fest	Lake Dyer, Laidley QLD	C2
26	VSBC	Kilo Speed Trials	Lake Eppalock, VIC	C1

July 2016

2/3	TAPBC	Boaties Reunion	Wallis Lake, Forster NSW	C3
3	SQP BSC	Club Day	Yeronga, QLD	C3
24	UHPBC	Club Day	Hawkesbury River, Windsor NSW	C3

August 2016

6/7	AFP GP	Round 4 – Australian Championship Series – F1, F2, F3, F4 & Optimax	Hastings River, Port Macquarie NSW	C2
14	UHPBC	Club Day	Hawkesbury River, Windsor NSW	C3
21	RTAC	Club Trophy Day	Hunter River, Raymond Terrace NSW	C3