



2020 CARS TOUR DRIVER LICENSE
(Please Print Clearly)

DRIVER INFORMATION

Driver Name: _____ Team _____

Car No. _____ Social Security No. _____ Tour Division _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax: _____
(Circle one) cell office home

Email _____

Age: _____ Birthdate: _____ Height & Weight: _____

Race Experience: _____

Championships: _____

Awards & Titles: _____

EMERGENCY CONTACT

Name _____ Relationship _____

Street Address _____

City _____ State _____ Zip Code _____

Phone _____
(Circle one) cell office home

Notice: The applicant understands that he or she will be required to comply with all rules and regulations as required and stated in the 2020 CARS Tour rules and regulations handbook and event entry form. Only registered drivers will be eligible to earn championship points, receive points fund monies, and contingency cash/prizes.

Driver's Signature _____ Date: _____

2020 CARS TOUR DRIVER LICENSE FEE \$100.00 (Required even if driver & owner are the same individual)

Check or Money Order Payable to:

OFFICE USE ONLY

Mail To: Championship Auto Racing Series
136 Bridlepath Ln.
 Mooresville, NC 28117

Paid \$ _____

Check/CC # _____

Date Issued _____



2020 CARS TOUR DRIVER MEDICAL INFORMATION

(Please Print Clearly)

Drivers Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Height & Weight _____

(Circle one) cell office home

EMERGENCY CONTACT

Name _____ Relationship _____

Street Address _____

City _____ State _____ Zip Code _____

Phone _____

(Circle one) cell office home

MEDICAL CONDITIONS

Are you allergic to any medication? ___ Yes ___ No If "Yes", please list medications you are allergic to:

Are you now on any prescribed medication on a permanent or semi-permanent basis? ___ Yes ___ No

If "Yes", please list medications;

Have you ever had an Epileptic Seizure or been diagnosed with Epilepsy? ___ Yes ___ No

Have you ever been treated for Diabetes? ___ Yes ___ No

Are you taking medication to treat Diabetes (insulin or pills)? ___ Yes ___ No If "Yes", list medications

Have you ever been informed by a medical doctor that you have Asthma? ___ Yes ___ No

If "Yes", what, if any, Asthma medications do you take regularly?

Have you ever had an injury to your neck involving nerves, vertebrae (bones), or discs that incapacitated you for a week or longer? ___ Yes ___ No If yes, give the dates of each such injury: _____



Have you ever been "knocked out" or experienced a concussion within the past 3 years? ____ Yes ____ No
If "Yes", give dates of each incident:

Did the attending physician have you stay overnight in a hospital? ____ Yes ____ No
If "Yes", give dates for each occurrence:

Do you wear contact lenses during competition? ____ Yes ____ No

Have you ever had an injury to your back? ____ Yes ____ No

Do you wear any dental appliance? ____ Yes ____ No If "Yes", check all appropriate appliances:

- Permanent Bridge
- Braces
- Full Plate
- Removable Partial Plate
- Removable Retainer
- Permanent Retainer
- Permanent Crow or Jacket
- Other _____

Do you have any chronic conditions that have not been mentioned above? ____ Yes ____ No If "Yes", please explain:

The questions on both pages of this questionnaire have been answered completely and truthfully to the best of my knowledge.

Driver Signature: _____ Date: _____

Parent Signature: _____ Date: _____
(If under 18 years of age)

SUBMIT COMPLETED & SIGNED FORM TO:
CARS Tour
136 Bridlepath Ln., Mooresville, NC 28117
FAX: 704-662-9207