

CANADIAN BOATING FEDERATION NAUTIQUE DU CANADA

410, rue Victoria, Valleyfield, Qc J6T 1B8 e-mail cbfnc@bellnet.ca

Tel : (450) 377-4122, Fax (450) 377-5282

PHYSICAL EXAMINATION FORM FOR C.B.F.

NAME : _____ NICKNAME : _____
ADDRESS : _____
CITY : _____ PROVINCE : _____
CODE : _____ PHONE : _____
DATE OF BIRTH : _____ AGE : _____ LAST MEDICAL RECORD : _____
BLOOD TYPE : _____ ALLERGY TO DRUGS : _____
DIVISION : _____ CLASS : _____ YEARS OF EXPERIENCE : _____
IN CASE OF EMERGENCY NOTIFY : _____
PHONE : _____

MEDICAL HISTORY :

	Yes	No
1- Heart Disease _____	0	0
2- Diabetes _____	0	0
3- High Blood Pressure _____	0	0
4- Epilepsy (Seizure) _____	0	0
5- Psychiatric Problems _____	0	0
6- Vertigo, Dizziness _____	0	0
7- Fainting Attacks _____	0	0
8- Alcoholism or Drug Addiction _____	0	0
9- Allergies _____	0	0
10- Do You Take Any Medication _____	0	0
11- Any Surgery in Last 3 Years _____	0	0
12- Any Other Medical Conditions Not Mentioned Above _____	0	0

If answer to any of above items is « YES » explain below :

STATEMENT OF APPLICANT :

DATE : _____

I hereby certify that all statements provided by me are complete and true. If you make a false statement regarding your medical, you will become liable for your actions, consequences of this will be judiciary repercussions, especially, if for say, you are involved in an accident

I further agree not to operate a Racing Boat during periods of a known Medical Deficiency that would make me unable to meet the requirements of C.B.F, Medical Certification.

Applicant's Signature _____ Witness _____

Height _____ Weight _____ Color of hair _____ Color of eyes _____ Pulse _____ Pressure _____

Identification Marks or Scars _____

	Normal	Abnormal	Elaborate on Each Abnormal Response
General Appearance	0	0	_____
ENT, Sinuses	0	0	_____
Neck (Mobility)	0	0	_____
Lungs & Chest	0	0	_____
Heart & Viscular	0	0	_____
Abdomen &Viscera	0	0	_____
Genito-Urinary	0	0	_____
Locomotor & Spine	0	0	_____
Extremities	0	0	_____
Neurological	0	0	_____
Mental Status	0	0	_____
Urinalysis	0	0	_____
ECG or Stress Test if coronoropathie	0	0	_____
Vision (Fundi)	0	0	_____

Glasses : Yes _____ No _____

Contact Lenses : Yes _____ No _____

SURGERY LASIK _____ PRK _____ LASER _____

Comments : Do you recommend further examination or other tests YES() NO()

If YES : Please write on your letter-head the recommendations.

CERTIFICATION :

The candidate is physically and psychologically to be able to drive a racing boat in competition at high speed

NAME : _____ is qualified YES () NO ()

Physician's Stamp :

Physician's License No. : _____

Physician's signature

TAYLOR FLAT 200

Aug 30-Sept 1, 2013

Registration

Early Bird Entry Fee: \$600.00 Before July 1st, 2013

Entry Fee: \$750.00

Please Mail Cheque TO:

B.C. Peace Country River Rats

PO Box 1 RPO Sobeyes

Fort St John B.C. V1J 6W7

VP Fuel can be ordered from Compression Technology
250-787-8655

Or email: mikecti@telus.net or Fax: (250)-787-8656

Confirmation will be emailed/faxed to you

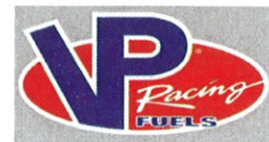
If you did not receive a confirmation please call office

Fuel MUST be ordered by Aug 20, 2013

Cheques ONLY made out to Compression Technology Inc.

PLEASE SEND PICTURES TO: 4onthelake@gmail.com

Tech Inspection, Registration and MANDATORY Show 'n' Shine- Aug 30, 2013



Boat Name:		
Class:		
Boat Number:		
Engine Make/Displacement/HP:		
Hull Make/ Length:		
FX Class ONLY <i>(please circle)</i>	V-Botton Hull	Tunnel Hull

Driver Name:	
Full Address:	
Email:	
Phone Number	()
Cell Number During Race:	()
Emergency Contact & Name:	()
Navigator Name:	
Full Address:	
Email:	
Phone Number:	()
Cell Number During Race:	()
Emergency Contact & Name:	()
Chase Driver Name:	
Cell Number During Race:	()
Crews Name & Cell:	
Crews Name & Cell:	
Crews Name & Cell:	
Crews Name & Cell:	

TAYLOR FLAT 200

Aug 30-Sept 1, 2013

Race Boat Check List

Boat Name:	Boat #:	Driver Name:
<u>EQUIPMENT:</u>		<u>INSPECTOR INITIAL:</u>
(2) Paddles		
(1) 3/8 x 50' rope attached to hull and float device		
(1) 1/2' x 50' rope for towing		
(1) 16" x 24" Red Flag		
(1) 16" x 24" Yellow Flag		
(1) First-Aid Kit		
(1) Tool Kit Complete with tools		
(2) 5lb certified (1yr) Fire Extinguishers		
(2) Racing Life Jackets comes with Leg Straps		
(2) Helmets DOT, upper 1/2 Bright Color		
Fuel Tank Secure and Grounded		
Bulkhead/Guard (if rotating parts reachable when belt in seat)		
Throttle Return Spring		
Blower Fan (Enclosed Engines)		
Whistle per person		
Bailing Bucket		
Flame Arrestor / Air Breather		
Battery Disconnect-3" red triangle sign accessible to racing crew		
Fire Retardant Clothing		
Water Outlets-Horizontally or Downward		
Stop Watch		
Roll Bar (Well braced)		
Steering Cable-- Center of Hull or Securely anchored		
Mufflers		
4point seat belts with quick release & tether connection between belt release		
Cutter for Seat belt, taped to dash		
Engine Restraints --3 Point mount on pump		
(2) Mirrors (rear view)		
9" x 1.5 Boat Number/Class letters		
Boat Drivers License (National Authority)		
GPS's Hand Held 5" Screen (Diagonally)		
Sponsors Stickers Placed on Boat		