



# 2024 Driver Application



\_\_\_\_\_ **FR Americas Driver: \$500** (plus SCCA Membership – \$60 under 25 / \$100 over 25)

\_\_\_\_\_ **F4 U.S. Driver: \$300** (plus SCCA Membership – \$60 under 25 / \$100 over 25)

\_\_\_\_\_ **Ligier JS F4 Driver: \$250**

*Licensing within Ten (10) days of an event will incur an additional \$150 fee for expedited processing.*

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
(mon / dd / yyyy)

Address: \_\_\_\_\_ SCCA Member #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Social Media: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Team Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Head Shot Photo:** All drivers should submit new color headshot photos yearly in a \*.jpg format. A cellphone snapshot is sufficient. Credential photos do not need to be formal.

**Medical Form:** Examination & Medical History Forms are required to be kept on file for all drivers. Returning FR Americas or F4 U.S. Championship drivers do not need to submit a new form unless the form has expired.

**Racing Resume:** If you are new to the FR Americas, F4 U.S. Championship or Ligier JS F4 Series, please complete the License Application Racing Resume form in this packet. The following details should be included: Years of Competition, Series Competed With, Results from Official Events. If you have been held out from competing with a sanctioning body, please describe the situation.

**Annual Waivers are required for all participants.**

Please follow the instructions found on the Waiver Instructions document.

**Acknowledgement / Disclaimers:**

By signing, the Applicant agrees to permit Parella Motorsports Holdings and its assigns (including, but not limited to, subsidiaries, series sponsors, promoters/organizers of the Event), free of any charges, duties or fees, to use, license, reproduce, have reproduced, show, have shown, without limitation in space or time, all drawings, soundtracks, photographs, trademarks, films/video pictures concerning competitors, their drivers, teams or cars involved in the event(s) on any medium whatsoever for any documents, reports, coverage, broadcast, program, publication, video game or model production, software, etc. whether past, present, or future. The Applicant further acknowledges and agrees that Parella Motorsports Holdings may freely assign or License its rights to a third party.

I hereby certify that the information above is correct. I realize any falsification may result in the loss of a discount and/or membership. By accepting membership in the SCCA, I agree to conduct myself according to the highest standards of behavior and sportsmanship in a manner that shall not be prejudicial to the reputation of the Club or fellow members. I will abide by the Code of Member Conduct both at SCCA-sanctioned events and away and will strive to uphold the SCCA Mission, Vision and Values and the Welcoming Environment. By signing below, I am agreeing to become a member of the SCCA on the terms stated, and subject to the terms and conditions contained in the documents referenced, above.

Driver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If no team credit card is on file (or you are paying individually), please complete and submit the Credit Card Authorization form.

Email completed forms and photos to: FRF4Registration@parellamotorsports.com



## 2024 FR Americas 2024 F4 US Championship 2024 Ligier JS F4 Series Waiver Instructions



SCCA is using their Digital Waiver system, and Parella Motorsports Holdings is using the SpeedWaiver process. You will need to complete both processes correctly to be issued an Annual Credential or Competition License.

### **SCCA Annual Release and Waiver of Liability (FR Americas / F4 US Championship):**

If you don't know your SCCA member number, or if you have issues with the SCCA Digital Waiver process, please contact the SCCA Member Services team at (800) 770-2055. They are open during business hours in the US Central Time Zone.

If you are already an SCCA member (and know your SCCA member number) –

- Log in with your SCCA Member Number at [my.scca.com](https://my.scca.com).
- On the Main Screen, go to the Online Store heading. Select “Licenses & Waivers” from the dropdown list.
- Select one of these options:
  - ◆ the Annual Adult Waiver (if age 18 or older)
  - ◆ the Annual Waiver Minor (if under age 18)
  - ◆ the Annual Waiver Parental Consent (for parents of a Minor Competitor)then click “Add to Cart”.
- Review the Release and Waiver of Liability, then check the box at the bottom of the page.
- Click “Continue”.
- Upload a photo of yourself and Click “Next”.
- Read the Terms of Service and Click “I Agree”.
- Then Click “Check-Out” to complete the process.

If you are not yet an SCCA member, you can either opt to join the SCCA at the Login Screen or create a Guest Account to sign your Release and Waiver of Liability. Then follow the steps above.

Once the steps are complete, you will receive an email with a subject line of “SCCA Annual Waiver Under Review”. There is a review process which takes place. Generally on the next business day, you will receive another email from SCCA with a subject line of “SCCA License or Waiver Approved”. The second email indicates you have correctly completed the process.

Please forward the approval email to Kelley Huxtable at [frf4registration@parellamotorsports.com](mailto:frf4registration@parellamotorsports.com).

### **Parella Motorsports Holdings Annual Release and Waiver of Liability (All Series):**

If you have issues with the SpeedWaiver process, please contact Kelley Huxtable (email: [frf4registration@parellamotorsports.com](mailto:frf4registration@parellamotorsports.com) or phone (316) 708-3716 (US Central Time Zone)).

Go to this link: [HERE](#) (or scan the QR Code below with your phone)

Enter your name and telephone number.

You will receive a text message from an (833) number.

Click on the link in that text message and follow the prompts.

Once you have received the “You Are All Set” message, you have completed the process.

SpeedWaiver will notify Kelley of your successful execution of the Release.

QR Code for PMH Annual Release:



Or visit: <https://pmh.speedwaiver.com/dmccz>

# License Application Racing Resume



<b>Name</b>							
<b>Date</b>							
<b>SCCA Member Number</b>							
<b>Championship</b>	<table border="0"> <tr> <td>FR Americas</td> <td>Formula Race Promotions</td> </tr> <tr> <td>F4 US Championship</td> <td></td> </tr> <tr> <td>Ligier JS F4 Series</td> <td>Trans Am Series</td> </tr> </table>	FR Americas	Formula Race Promotions	F4 US Championship		Ligier JS F4 Series	Trans Am Series
FR Americas	Formula Race Promotions						
F4 US Championship							
Ligier JS F4 Series	Trans Am Series						
<b>Racing Experience</b> <i>For each, be sure to include date and track name for event, plus the sanctioning body, car class and finishing position. You can also attach a copy of racing licenses or race results.</i>							
<b>2023</b>							
<b>2022</b>							
<b>2021</b>							
<b>2020</b>							



# Examination and Medical History Forms

***Please Keep a Copy***

**Reverse side of form to be completed by examiner (MD, DO, PA-C or NP) and returned to the applicant. Any blanks will delay processing of the license!**

## Memorandum to Examining Physician:

You are being asked to examine this applicant for the purpose of obtaining an automobile racing license. This form is a guide and tool for you to determine if the applicant is medically qualified to race. This form concentrates on the organ system and disease processes that may jeopardize the applicant or others while attending a competitive racing event.

**Page One** (this page) - Instructions for completing the Physical Examination form, and should be read carefully by both the examining physician and the applicant.

**Examination** is to be completed by a Physician.  
**Medical History** is to be completed by the applicant.

### A. The functional suggested requirements of a driver in a competition automobile are:

1. Ability to rapidly operate acceleration, braking, and steering mechanisms/systems.
2. Vision: distant vision correctable to 20/40 each eye, ability to distinguish basic colors, and peripheral vision to 70 degrees in the horizontal median for each eye.
3. Should have minimal chance of sudden incapacitation from any disease process.
4. Ability for rapid mental activity, problem solving, and decision-making.
5. Ability to maintain an aerobic level heart rate for more than 20 minutes.

### B. The environment this applicant may operate in is:

1. Temperature extremes from 0 degrees (F) to 120 degrees (F) for long periods of time.
2. Smoke, fumes, vapor, caustic chemicals, and dust.
3. Loud noise and vibration.
4. Increased potential for exposure to fire.

**Special Cases:** In a case where consults are needed, the consultant should be made aware of the information in **Section A** and **Section B** of this memorandum.

**Requirement of All Applicants\*:** All applicants must submit a completed APPLICANT'S MEDICAL HISTORY and PHYSICIAN'S EXAM. Similar forms from NASA or full FAA may be acceptable. However, the applicant will be held accountable to the rules, laws, and other parameters, as set forth by the issuing organization or agency.

### Renewals:

Applicants that are less than 40 years old must renew their Physical Examination every five years.  
Applicants that are at least 40 years old must renew their Physical Examination every three years.  
Applicants that are at least 50 years old must renew their Physical Examination every two years.  
Applicants that are at least 70 years old must renew their Physical every 12 months.

**Note to the examining physician:** Please note the "Renewals" section of this document (above). Consideration should be given to the length of time between examinations, unless otherwise specified with highlighted notation in the comment section found on the PHYSICIAN'S EXAMINATION page of this document.

**Note to Physician and Applicant: Medical Fitness of a Driver-Changes in Medical Condition after approved physical. Refer to GCR 2.3.2.A.3.**

# Examination

**To be completed by a MD, DO, PA-C or NP only. Any blanks will delay processing!**  
**Examination shall not be more than six (6) months old upon license application.**  
**There are Four PAGES to this form. Please see "APPLICANT'S MEDICAL HISTORY" and "SCCA Competition License Physical Examination Instructions." Use the fourth page for any explanations.**

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_ Member #: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

**Blood Pressure:** \_\_\_\_\_ **Pulse:** \_\_\_\_\_ **Respiration:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Height:** \_\_\_\_\_

**NEUROLOGICAL**  
 Reflexes: \_\_\_\_\_ Normal \_\_\_\_\_ Abnormal  
 Other tests performed: \_\_\_\_\_

**CARDIAC**  
 Cardiac Exam: \_\_\_\_\_ Normal \_\_\_\_\_ Abnormal

**METABOLIC** *if yes then HgbA1C level recommended*  
 History of diabetes: \_\_\_\_\_ No \_\_\_\_\_ Yes  
 HgbA1C (less than 10) \_\_\_\_\_

**VISION**  
 Vision (use numbers 20/20) OD (Right) : \_\_\_\_\_ / \_\_\_\_\_ OS (Left): \_\_\_\_\_ / \_\_\_\_\_ OU (Both): \_\_\_\_\_ / \_\_\_\_\_  
 Color Vision: \_\_\_\_\_ Test: \_\_\_\_\_  
 Peripheral Vision (use numbers) degrees from midline: \_\_\_\_\_ OD: \_\_\_\_\_ OS: \_\_\_\_\_ Test: \_\_\_\_\_

**Medical conditions to consider in the decision to approve candidate**

- |                                                         |                                                                                                                       |                                                                             |
|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| 1. Less than 20/40 corrected vision in the better eye   | 7. Diabetes                                                                                                           | 12. Epilepsy                                                                |
| 2. Alcoholic or drug addiction                          | 8. Loss of consciousness                                                                                              | 13. History of Heart Attack                                                 |
| 3. Blood pressure: Diastolic over 90, systolic over 160 | 9. Psychological problems                                                                                             | 14. History of Cardiac Disease                                              |
| 4. All gross deformities subject to listing             | 10. Implanted Defibrillator                                                                                           | 15. Use of Narcotics                                                        |
| 5. History of Syncope                                   | 11. Limitations of endurance in any activities of daily living (i.e. climbing 2-3 flights of stairs without stopping) | 16. Reduced pulmonary capacity (includes the need for supplemental oxygen.) |
| 6. Loss of extremity or eyes                            |                                                                                                                       |                                                                             |

**RACING is a physically demanding sport.**

The environment frequently involves high temperatures with a limited ability to cool and requires long periods of aerobic exertion. If the applicant experiences any physical or medical limitations that would potentially affect their ability to tolerate the demands of racing, approval should not be given.  
**Please contact SCCA with any questions at 1-800-770-2055**

**APPROVED**

**Medical history and examination approved**  
**Applicant is fit for motor racing**  
**Additional review may apply for FIA applicants**

Physician's Signature \_\_\_\_\_  
 Printed Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Date \_\_\_\_\_

**FAILED**

**Applicant is not fit for motor racing**

Physician's Signature \_\_\_\_\_  
 Printed Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Date \_\_\_\_\_



# Applicant's Medical History

(To be completed by Applicant)

**Applicant:** For the purpose of obtaining a SCCA Competition License, complete this page legibly and in its entirety. Failure to complete the information will delay processing of your license. The examining physician must complete the second page of this form.

Member # \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City, St, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Personal Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, St, Zip: \_\_\_\_\_

**PLEASE INDICATE IF YOU EVER HAD, OR HAVE NOW, ANY OF THE FOLLOWING:**

Do You Have or Have You Ever Had?	Yes	No	Do You Have or Have You Ever Had?	Yes	No
Frequent or severe headaches			Any drug, narcotic, or alcohol problems		
Unconsciousness for any reason			Psychiatric/mental health problems		
Dizziness or fainting spells			Eye trouble (except glasses)		
Epilepsy or seizures			Asthma		
Coronary artery disease or angina			Diabetes requiring insulin		
Heart valve disease			Anemia or other blood diseases Including abnormal bleeding		
Left Bundle Branch Block (heart)			Admission to a hospital in the past 12 months for any reason		
Abnormal cardiac rhythms			Allergy(s) to medications List:		
High Blood pressure			Routine use of Pain Medication		
Operation(s) on brain			Amputations/physical disability		
Operation(s) on heart			Illness(es) not listed above List:		
Operation(s) on eyes, nerves, blood Vessels, or bone			Do you require the use of supplemental oxygen or other external breathing device?		
Previous waiver(s) from SCCA, NASA, or other sanctioning body for medical condition(s) list:			Previous denial(s) from SCCA, NASA, or other sanctioning body due to Medical reasons		

**Blood Thinner Medication (circle) YES NO**

Comments and details of any condition noted above (Use the fourth page for any explanations that do not fit here) Medication Used (including eye drops) \_\_\_\_\_

**Members Signature** \_\_\_\_\_ **Date** \_\_\_\_\_





FR Americas  
F4 US Championship  
Ligier JS F4 Series  
Prize Money Authorization



**Payment**

Prize Money for Car Number(s): \_\_\_\_\_ Driver(s): \_\_\_\_\_

Winnings should be paid to: \_\_\_\_\_ Driver \_\_\_\_\_ Entrant

Payment Method: \_\_\_\_\_ ACH \_\_\_\_\_ Check

**Check Payment**

*Complete this section if Prize Money is to be paid via check.*

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tax ID Number: \_\_\_\_\_

**ACH Payment Authorization**

*Complete this section if Prize Money is to be paid via ACH.*

Name on Account: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_

I hereby authorize Parella Motorsports Holdings to make electronic funds transfers to the above account:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Team Owner Authorization**

*Complete this section if Prize Money is not to be paid to the team owner.*

I hereby authorize Parella Motorsports Holdings to pay Prize Money as listed above:

Team Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Email completed forms and photos to: [FRF4Registration@parellamotorsports.com](mailto:FRF4Registration@parellamotorsports.com)

Questions? Email or call Kelley – Phone: (316) 708-3716 (US Central Time Zone)



**Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)**

(Rev. October 2021)

► For use by individuals. Entities must use Form W-8BEN-E.

OMB No. 1545-1621

Department of the Treasury  
Internal Revenue Service

► Go to [www.irs.gov/FormW8BEN](http://www.irs.gov/FormW8BEN) for instructions and the latest information.

► Give this form to the withholding agent or payer. Do not send to the IRS.

**Do NOT use this form if:**

**Instead, use Form:**

- You are NOT an individual . . . . . W-8BEN-E
- You are a U.S. citizen or other U.S. person, including a resident alien individual . . . . . W-9
- You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the United States (other than personal services) . . . . . W-8ECI
- You are a beneficial owner who is receiving compensation for personal services performed in the United States . . . . . 8233 or W-4
- You are a person acting as an intermediary . . . . . W-8IMY

**Note:** If you are resident in a FATCA partner jurisdiction (that is, a Model 1 IGA jurisdiction with reciprocity), certain tax account information may be provided to your jurisdiction of residence.

**Part I Identification of Beneficial Owner** (see instructions)

<b>1</b> Name of individual who is the beneficial owner		<b>2</b> Country of citizenship
<b>3</b> Permanent residence address (street, apt. or suite no., or rural route). <b>Do not use a P.O. box or in-care-of address.</b>		
City or town, state or province. Include postal code where appropriate.		Country
<b>4</b> Mailing address (if different from above)		
City or town, state or province. Include postal code where appropriate.		Country
<b>5</b> U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)		
<b>6a</b> Foreign tax identifying number (see instructions)	<b>6b</b> Check if FTIN not legally required . . . . . <input type="checkbox"/>	
<b>7</b> Reference number(s) (see instructions)	<b>8</b> Date of birth (MM-DD-YYYY) (see instructions)	

**Part II Claim of Tax Treaty Benefits** (for chapter 3 purposes only) (see instructions)

**9** I certify that the beneficial owner is a resident of \_\_\_\_\_ within the meaning of the income tax treaty between the United States and that country.

**10 Special rates and conditions** (if applicable—see instructions): The beneficial owner is claiming the provisions of Article and paragraph \_\_\_\_\_ of the treaty identified on line 9 above to claim a \_\_\_\_\_ % rate of withholding on (specify type of income): \_\_\_\_\_.

Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding: \_\_\_\_\_

**Part III Certification**

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income or proceeds to which this form relates or am using this form to document myself for chapter 4 purposes;
- The person named on line 1 of this form is not a U.S. person;
- This form relates to:
  - (a) income not effectively connected with the conduct of a trade or business in the United States;
  - (b) income effectively connected with the conduct of a trade or business in the United States but is not subject to tax under an applicable income tax treaty;
  - (c) the partner's share of a partnership's effectively connected taxable income; or
  - (d) the partner's amount realized from the transfer of a partnership interest subject to withholding under section 1446(f);
- The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country; and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. **I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.**

**Sign Here**  I certify that I have the capacity to sign for the person identified on line 1 of this form.

_____ Signature of beneficial owner (or individual authorized to sign for beneficial owner)	_____ Date (MM-DD-YYYY)
_____ Print name of signer	



**FR Americas**  
**F4 US Championship**  
**Ligier JS F4 Series**  
**Credit Card Authorization**



<b>Team Name:</b>			
<b>Name on Card:</b>			
<b>Card Number</b>			
<b>Expiration Date:</b>		<b>CCV:</b>	
<b>Billing Street Address:</b>			
<b>Billing City, State &amp; Zip Code:</b>			
<b>Contact Email:</b>			
<b>Contact Phone:</b>			

*Facsimile, photocopied, or electronic signatures shall be treated as original signatures. I hereby authorize the FR Americas Series / F4 US Championship Series / Ligier JS F4 Series / Parella Motorsports Holdings to charge the card listed above for the charges outlined below:*

<b>Signature:</b>		<b>Date:</b>	
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**Please check all that apply:**

<input type="checkbox"/>	Competition License Fee
<input type="checkbox"/>	Annual Credential Fee
<input type="checkbox"/>	SCCA Membership Fee (if needed)
<input type="checkbox"/>	Vehicle Registration Fee

<input type="checkbox"/>	Entry Fee
<input type="checkbox"/>	Test Day Fee
<input type="checkbox"/>	Event Credential Fees
<input type="checkbox"/>	Miscellaneous Fees (if needed): Examples: Decals Penalties

**Would you like to keep this card on file for future charges?**

<input type="checkbox"/>	Yes
--------------------------	-----

<input type="checkbox"/>	No
--------------------------	----

Completed form should be emailed to: Kelley Huxtable at [frf4registration@parellamotorsports.com](mailto:frf4registration@parellamotorsports.com)  
 Only one form needs to be completed if the team is paying all fees.