



SPRINTCAR CONTROL COUNCIL OF AUSTRALIA INC

DRUG FORM



NAME _____

ADDRESS _____

STATE _____

POSTCODE _____

While a financial member of this SCCA State/Territory Association, I hereby agree to submit myself to a breath, blood, urine or saliva test at any time at the request of the Controlling Body governing my division of speedway racing.

I understand that if required to undergo a breath, blood, urine or saliva test it is for the purpose of determining whether I have consumed any substance prohibited by the World Anti Doping Authority and by the Controlling Body governing my division of speedway racing.

I understand and acknowledge that if I refuse to undergo a test when called upon to do so or substitute/tamper with a sample, then I am deemed to have consumed a prohibited substance and will be subject to such penalty/penalties as are prescribed by the Controlling Body.

I agree that it is my responsibility to make myself aware of the Rules, Regulations and Policies relating to both alcohol and drugs as set by the Controlling Body governing my division of speedway racing.

Signed _____

Date _____

Witness Name (print) _____

Witness Signature _____