

You should read and understand the enclosed notes before filling in this form

2017 ACU Competition Licence Motocross

If you have any questions, regarding this form, please contact the ACU on 01788 566417

If this is your first application or your appearance has changed significantly from the photo on your current licence

AFFIX YOUR PHOTO HERE

			Member No:			
			FOR AC	J OFFICE USE ON	LY	
			Гос			
			Fee:			
			Card:	Card Auth Ref:		
_			Cash:	Cheque:		
you hold a competition licence with any federation other than the ACU, pleasote: If not British National we require a release from your federation	se state which federa	ation:				
-mail address:			Da	te of birth:		
Daytime Landline no:		Evenin	g Landline no:			
Mobile phone no:						
Contact details in case of emergency:						
ck all the boxes which apply to you, use the enclor FIM/FIM Europe Championship Licences state the	Annual/ Renewal Fee*	nce and the	title, venue and da			
Beachcross	\[\frac{1}{2} \]	Chamn	Annual Control of the			
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If you are paying by cheque, please make it payable to 'ACU Ltd'. Please write the full name of all of the licence applicants you are paying for and their member numbers, on the reverse of the cheque.

If you wish to pay by Credit/Debit card the ACU cannot guarantee the security of your card details whilst in the post. By paying online the service provider has to take steps to securely deal with your card details.

To use the ACU online service go to https://members.acu.org.uk or alternatively enter Credit/Debit card details below.

Card number:

Expiry date:

Issue no:

Start date:

Cardholder's signature:

Cardholder's signature:

Section 3 - Medica	l information	- You must	complete th	nis section	
Please answer all the questions truthfully	. A false declaration may ha	ve serious consequ	uences.		
Have you ever suffered from or are you o					Vaa 🗆 Na 🗀
 Epilepsy, fits, blackouts or any condi Any condition which might cause diz 					
Any condition which might cause dizziness, vertigo or loss of balance? Any mental or brain disorder such as a stroke, MS or Motor Neurone disease?					
Any condition or operation (including spleen removal) involving your heart or main blood vessels or high blood pressure?					
Any psychiatric or emotional illness or any alcohol/drug/substance misuse?					
6. Diabetes? If 'Yes' please state whet	•				
If 'Yes' then section 4 – Eyesight Re					
7. Any condition affecting your vision of					
8. Have you been unconscious because of a head injury or suffered from concussion?					
	9. Any loss of strength, feeling, control or movement of any of your limbs, head or neck?				
10. Amputation of any part of your limbs					
11. Any kind of tumour or cancer?					
12. Are you taking any medication? (include all tablets, medicines etc. where the state of the state o	nother prescribed or bought	over the counter)			Yes L No L
required annually dependant on the examatters.aspx	ct nature of your condition.	Further information	i can be found a	it <u>www.acu.org.uk/gen</u>	eral/medical-
Signature:	Print Name:			Da	ite:
Section 4 - Eyesigh You are being treated for diabetes ☐ ar To your doctor or optician Please read these notes before filling in t The minimum corrected visual acuity of degrees along the horizontal meridian with examination rather than automated perimited distinguish the primary colours red and g 1. Uncorrected vision: Right 2. Corrected vision: Right	his section for the applicant must be 6/6 with both eyes the no defects within the cent letry testing. The applicant, reen.	whose name is on sopen together. The ral 20 degrees. This for any event exception.	the front of this he minimum bin is should be a si ot Trials, must ha	ocular field should me imple confrontation vis ave normal colour visi	ual field
	•	Left eye:	6 /	Binocular:	6 /
3. Is the applicant's colour vision norm		Yes	No _		
4. Does the binocular field of vision c	omply with the above?	Yes	No		
Please use this space to give further	er details:			d address of opticia se official stamp)	n/doctor
Applicant's name:					
Signature of optician/doctor:			Date:		
P	lease do not	write in t	this spa	ce	

S	ection 5 - Medical Report – Only req	juired if:				
Υοι	are being treated for diabetes and / or you are applying for an in ase note it could be 3 weeks before licence is issued					
Pleather The appear and und Lim An "on Deather To hassed Carsho	your doctor ase read these guidance notes before filling in this section for the aperson to be examined is applying for a licence to compete in moto blicant does not suffer from any condition which might result in sudder a spectators. The controls of a motorcycle normally require the use of ler fierce acceleration and braking forces. Competition places both plabs: The applicant should have sufficient power, co-ordination and seapplicant with an organic or functional loss of a limb or part of a limb track" assessment. afness: A licence can be issued to an applicant with impaired hearing betes: A well controlled diabetic may be passed as fit to compete. The applicant propoglycaemic or hyperglycaemic attacks (no significant episodes in pociated with diabetes and that they understand their diabetes, its mordio-vascular system: In general, a heart attack or serious cardio-vasculud be paid to blood pressure and cardiac rhythm disorders. In such case	recycle sport events. Particular care shan loss of control of his/her motorcycle fall four limbs. The applicant must be hysical and mental demands on the ricensation in his/her limbs to maintain fur may be referred to an ACU medical programmer. They require evidence from their Consunt care, that the diabetes is normally we preceding year), that they have no neurolitoring and management.	ould be taken to ensure that the thus endangering other riders, officials able to control his/her motorcycle der. Il control of his/her machine. anel and be subject to conce of balance. Ultant Diabetologist, or their own rell controlled, that they are not subject urological or ophthalmic complication der from speed events. Special attention ding the results of any test the Cardiologist			
witl at lo	siders necessary, must be submitted with the Medical Report form. Any rider the exception of Trial, must have an exercise tolerance electrocard east every 3 years. In Trial, an exercise tolerance electrocardiogram is requardiac disease.	diogram performed and the result musuired for any rider over 50 years if there are	st be favourable, this is then required known significant risk factors for or history			
Fits	urological and psychiatric disorders: In general applicants with a set or unexplained loss of consciousness: A licence will not be issurfered an unexplained loss of consciousness.					
1.	Are you the applicant's regular medical attendant?		Yes 🔛 No 🖳			
2.	Does the applicant have epilepsy, diabetes or any condition which ma	ay cause loss of consciousness?	Yes No			
3. Does the applicant have any condition which may cause sudden loss of balance or co-ordination?						
4.	Is there evidence of any progressive neurological disorder?					
5.	Are there any signs of neoplasm which may be liable to metastasise?					
6.	Is there any evidence of any disease or condition affecting the eyes of					
7.	Is there any abnormality of power, sensation, co-ordination or movem					
8.	Are any limbs or parts of limbs missing?					
9.	Is there any abnormality of the heart?					
10.	Does the applicant have hypertension? If 'yes', do they meet DVLA LGV/PCV Group 2 entitlement requireme 180mmHg and/or diastolic greater or equal to 100mmHg. Answer no	ents? (Answer no if resting systolic BP	consistently greater or equal to			
11.	If the applicant has insulin dependent diabetes are there any signs of ne	uropathy, retinopathy or other complication	ons?Yes No			
12.	2. If the applicant has insulin dependent diabetes are they subject to episodes of hypoglycaemia or hyperglycaemia?					
13.	Is the applicant suffering from any psychiatric illness?		Yes No No			
14.	Is the applicant dependent on alcohol, drugs or other substances?		Yes No			
15.	Is the applicant taking medication?	he medication is not within the WADA s applying for an FIM World Champio	prohibited classes of substances and nship or Prize Event licence, then a			
16. 17.	Is the applicant medically fit to hold a competition licence and I am unsure of the applicant's fitness and wish to refer him / he reason(s) that you are unsure of the applicant's fitness.	to participate in motorcycle sport? .er to the ACU Medical Panel, please	give details of the			
F	Please use this space to give further details:		Name & Address of Doctor, including Qualifications & GMC number Please use official stamp			
Δ	applicant's name:	Date of birth:				
	Signature of doctor: Date: GMC No:					
PI:	ection 6 - Declaration & Acknowle ease read all the following statements and s I understand that if I have given any false information in this applicated my licence being permanently withdrawn. I will read and comply with the National Sporting Code and the Standard Code and the Standa	sign on the next page plication you may take disciplinary				

I understand that it is my responsibility to ensure that I have the correct licence/registration card for any competition I enter and that my

licence/registration card will not guarantee my entry into, or acceptance into, any competition.

I consent to the collection and retention of my personal information by the ACU.

I consent to any necessary information concerning an injury at an event being given by the attending doctor/paramedic/first-aider to the Clerk of the Course or incident officer of the event and also to my own doctor and my relatives. The doctor may also give information to other persons, according to the doctor's own professional ethical code.

Acknowledgement and Agreement of the FIM Anti-Doping Code (Appendix 2)

I, as a member of the ACU and/or a competitor in an ACU or FIM authorised or recognised meeting, hereby acknowledge and agree as follows: I undertake to familiarise myself with the FIM Anti-Doping Rules. I consent and agree to comply with and be bound by all of the provisions of the FIM Anti-Doping Rules, including but not limited to, all amendments to the Anti-Doping Rules and all International Standards incorporated in the Anti-Doping Rules. I acknowledge and agree that the FMNs and the FIM have jurisdiction to impose sanctions as provided in the FIM Anti-Doping Rules. I also acknowledge and agree that any dispute arising out of a decision made pursuant to the FIM Anti-Doping Rules, after exhaustion of the process expressly provided for in the FIM Anti-Doping Rules, may be appealed exclusively as provided in Article 13 of the FIM Anti-Doping Rules to an appellate body and in last instance for final and binding arbitration to the Court of Arbitration for Sport. I acknowledge and agree that the decisions of the arbitral appellate body referenced above shall be final and enforceable, and that I will not bring any claim, arbitration, lawsuit or litigation in any other court or tribunal. I have read and understand this Acknowledgement and Agreement.

cknowledgement of the risks of motorsport

Motorsport is an extremely dangerous activity. It is important that all competitors think very carefully about the risks they are undertaking whenever they compete.

It must be recognised by all competitors that there will be accidents and that a number of competitors may die, whilst others may be permanently disabled or sustain serious injuries and it could be you. All competitors must appreciate that they participate in motorsport entirely at their own risk.

One of the main risks in motorsport is obviously speed. Situations which would not give rise to major danger at low speed can have extremely serious consequences at high speed and in a competitive environment.

While the organisers will do their reasonable best to make the event as safe as possible, there will inevitably be occasions when mistakes are made. It must, however, be recognised by all competitors that where an accident occurs in such circumstances, any fault on the part of the organisers will not be the principal cause of any serious injury sustained.

The dominant cause of any serious injury will be the fact that the accident happened at speed in a competitive environment.

The risk of accidents is one of the inherent risks involved in motorsport and every competitor must consent to this.

The ACU is not prepared to accept personal injury claims (other than those covered under the Personal Accident Policy brought by competitors who have willingly participated in what they know to be a dangerous sport. Any claims will be vigorously defended, and this form will be used as evidence of the competitor's acknowledgement of the risks inherent in motorsport and that the dominant cause of any serious injury will be his/her voluntary decision to engage in competitive sport rather than any alleged negligence by the ACU or any other party involved in staging the event.

Declaration

I have read and understood this form.

I understand that by taking part in motorsport I am exposing myself to a risk of death, becoming permanently disabled or suffering some other very serious injury.

I acknowledge that even in the event that negligence on the part of the ACU, any other governing body, any race organiser, any circuit owner, or any individual who is employed by or carries out duties on behalf of any of these entities, were to be a contributory cause of any serious injury I may suffer, the dominant cause of any serious injury will always be my voluntary decision to take part in a high risk activity. I accept that insurance arranged on my behalf by the organisers of events that I may enter specifically excludes liability between the

I understand that this form may be used in litigation as evidence that any serious injury will be principally the result of my voluntary decision to engage in a high risk activity.

I acknowledge that my participation in motorsport is entirely at my own risk.

- First application please remember to attach a photograph, and if Under 18 a copy of Proof of Age

 Complete payment details or enclose a cheque Note - Licence cards need to be presented at Events. 		
Your signature:		Date:
All competitors under 18 years of age must be accompanied to each even Responsibility. The Parent or Person with Parental Responsibility must attended to the event.		
Declaration in respect of minors under the age of 18		
I have read and understood the "Acknowledgement of the risks of motorsport" which appear inherent in motorsport which include the risk of death or permanent disablement.	s ab	pove. I appreciate the dangers
The minor does not suffer from any physical, medical or mental disability which would make	it uı	nsafe for him/her to participate as a competitor.
I accept that it is my responsibility to ensure that the minor and I have read and understood Regulations, Supplementary Regulations and Final Instructions subsequently issued and En		
I accept that photographs or video footage may be taken of my child by officials dealing with may also be taken for promotional purposes and may appear on the ACU website or in ACU		
To the best of my knowledge and belief the minor possesses the standard of competence no relate and that the machines entered will be suitable, safe and will comply with the Regulation		
Parents / Person with Parental Responsibility name:		Signature:
Relationship to applicant:		Date:
• ACU Club Membership (applicable to all applicants). I am / my child is a current member of the ACU affiliated club stated below: Please do not send this form to us unless you have accunique Club Membership Code.	qui	ired your
Name of Club:		
Unique Club Membership Code issued by Club: For 2017 Code starts 17		Date:

From time to time we will contact you with official information, offers and promotions from ACU Ltd and ACU Events Ltd. Your details will not be passed on to any third party. If you do not wish to receive this information please tick this box:

Please return this form, your payment, and any other information you have to provide, to us. Licence Department, Auto-Cycle Union Ltd, ACU House, Wood Street, Rugby, Warwickshire CV21 2YX

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Registered Office: ACU House, Wood Street, Rugby, Warwickshire CV21 2YX