



Please attach current photo here.

APPLICATION FOR COMPETITION LICENCE
MOTOR SPORTS CAN BE DANGEROUS AND MAY INVOLVE INJURY OR DEATH

(BLOCK CAPITALS PLEASE) Complete all sections

Name: Date of Birth: (Please enclose a copy of Birth Certificate to be retained for our records)

Address: Post Code

Home Tel: Mobile: Email:

If you hold a current licence with another organisation please state which organisation

ACU / AMCA / BSMA / IOPD / Other

Licence number Riding Group Licence will be required to verify

Nominated Club Riding No

QUESTIONNAIRE

- 1. I understand the type of events which my licence allows me to enter and the rules and regulations that apply to such events and to competitors and will comply with them.
2. I confirm that any motor vehicle I use will comply with the regulations and will be safe and fit for use in competition.
3. I will satisfy myself (by sighting or otherwise) before taking part, that the venue and track is acceptable to me with regard to its features and physical layout.
4. I will NOT take part in any competition where I have any doubt about my ability or safety.
5. I will inform Y.M.S.A Ltd immediately if, for any reason, I believe that I am no longer able to satisfy the terms of this licence or I become aware that I have become unable to compete due to physical or other disability.
6. I agree to accept the risks of injury and death that are inherent in motor sports and agree to take part at my own risk.
7. Before taking part in any event I will read and be bound by and comply with any regulations and final instructions issued by the organisers, the circuit owners and the regulatory body.
8. I will not participate whilst under the influence of alcohol or intoxicating drugs and that if I am taking any prescribed medication I will inform the event organiser and seek approval to participate before taking part.
9. If I am under the age of 18, my parents / guardian has read the above and signed the declaration and agreement below.

I have read and agree to all the above conditions.

Name (Print) Signature: Relationship: Date

IMPORTANT This form must be completed by the rider (or parent if under 18 years before riding. These details will be treated with the strictest of confidentiality as complies with the Data Protection Act 1984 and only the most relevant of information may be divulged to the Medical Services of any meeting, strictly for medical reasons and protection of the riders health.

I enclose the Competition Licence Fee of £35.00 which includes Public Liability Insurance Cover. The licence will be effective until the end of the current season. CHEQUES MADE PAYABLE TO YOUR MEMBERSHIP CLUB

PLEASE RETURN THIS FORM TO: YOUR CLUB MEMBERSHIP SECRETARY

THIS APPLICATION MUST BE COMPLETED IN FULL AND ACCOMPANIED BY A PASSPORT SIZE PHOTO.

Photos can be emailed directly to your club secretary.

Club Official (Print) Position

Signature Date