

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

# 2014 ACU Competition Licence **Enduro and International Trials**

If this is your first Application

# **AFFIX YOUR PHOTO HERE**

If you have any questions, regard Please enter your title, name, home address and postcode in this box, using BLOCK CAPITALS	ding this form	, please conta	act the ACU on (	)1788 56			nd on tl	he
			Member No:					
		FOR ACU OFFICE USE ONLY						
			CHEQUE		CARD AUTI	H REF :		
			CASH		FEE:			
					·			
If you hold a competition licence with any federation other than the ACU, please sta Note: If not British National we require a release from your federation	ate which federati	ion:						
E-mail address:				Date	of birth:			
Work phone no:		Home phone no:						
Mobile phone no:		Nationality:						
If you are applying for an International licence you must also have all the boxes which apply to you, use the enclose or FIM/FIM Europe Championship Licences state the ty Enduro	d notes to	help you. ce and the		id date	of the event wh	ere inc	licat	
If you require more than one category of licence please tick the relevant boxes (subject to minimum age criteria) (NB only one fee is payable for national status licences)	Fee	Championships Annual Licence			Rider	Passenger	Fee	
Adult Enduro / Hare & Hounds / Cross Country Short Course Enduro / Sprint Enduro / Extreme Enduro (minimum age 16)	£45	One Event						or fees
Hare & Hounds / Cross Country / Short Course Enduro / Sprint Enduro / Extreme Enduro (age 15-16)	£45	Event title:		•••••				Contract ACU for fees
Adult Quad (minimum age 15)	£45	Date of event:				Con		
Youth Hare & Hounds / Cross Country (minimum age 12)	£45	Other Licences required – Please specify:						
Youth / Junior Support Class in Hare & Hounds / Cross Country Events (age 8-12 yrs)	£25							
FIM International Non-Championship - Enduro One Event	£10							
FIM International Non-Championship - Enduro Annual	£30	Triele						0)
FIM International Non-Championship - Cross Country Rally One Event	£10	Trials	Caral March		us o E i			9 4.0
FIM International Non-Championship - Cross Country Rally Annual	£30	FIM International Non-Championship - One Event £10  FIM International Non-Championship - Annual £30						
			Total paya		£			
Section 2 - Payment - You must of the section 2 - Payment - You must of the section 2 - Payment - You must of the section 2 - Payment - You must of the section 2 - Payment - You are paying for and their section 2 - Payment - You are paying for and their	yable to '	ACU Ltd'.	. Please wr				the	e
Or Enter - credit or debit card, details below			,	2.20				
Card number:								
Expiry date: Issue no:	Start date:		Last 3 dig	its on s	signature panel:			
Cardholder's name:	Car	dholder's s	signature:					

Section 3 - Medical info	ormation - You must o	complete this secti	on		
Please answer all the questions truthfully. A false de Have you ever suffered from or are you currently su					
1. Epilepsy, fits, blackouts or any condition which may cause loss of consciousness?					
2. Any condition which might cause dizziness, ve	Yes No				
3. Any mental or brain disorder such as a stroke,	MS or Motor Neurone disease?		Yes No		
4. Any condition or operation (including spleen remo					
5. Any psychiatric or emotional illness or any alco					
6. Diabetes? If 'Yes' please state whether treated If 'Yes' then section 4 – Eyesight Report and se	Yes No No				
7. Any condition affecting your vision or eyes, inc					
8. Have you been unconscious because of a head injury or suffered from concussion?					
9. Any loss of strength, feeling, control or movem					
10. Amputation of any part of your limbs with or without an artificial replacement?					
11. Any kind of tumour or cancer?					
12. Are you taking any medication? (include all tablets, medicines etc. whether pre-			Yes No No		
If you are applying for an Internation controlled by diet) complete section  Section 4 - Eyesight Rep  To your doctor or optician	s 4 and 5. If not then go to	section 6.	abetes (including		
Please read these notes before filling in this section.  The minimum corrected visual acuity must be 6. degrees along the horizontal meridian with no defer examination rather than automated perimetry testin distinguish the primary colours red and green.	<b>/6 with both eyes open together.</b> Thats within the central 20 degrees. This	ne minimum binocular field s should be a simple confr	ontation visual field		
1. Uncorrected vision: Right eye:	6 / Left eye:	6 / Bin	ocular: 6 /		
2. Corrected vision: Right eye:	6 / Left eye:	6 / Bin	ocular: 6 /		
3. Is the applicant's colour vision normal?	Yes	No			
4. Does the binocular field of vision comply with	the above? Yes	No			
Please use this space to give further details:  Applicant's name:		Name and address (please use official			
Signature of optician/doctor:		Date:			
Please	e do not write in t	this space			

# **Section 5 - Medical Report**

Please read these guidance notes before filling in this section for the applicant whose name is on the front of this form.

The person to be examined is applying for a licence to compete in motorcycle sport events. Particular care should be taken to ensure that the applicant does not suffer from any condition which might result in sudden loss of control of his/her motorcycle thus endangering other riders, officials and spectators. The controls of a motorcycle normally require the use of all four limbs. The applicant must be able to control his/her motorcycle under fierce acceleration and braking forces. Competition places both physical and mental demands on the rider.

Limbs: The applicant should have sufficient power, co-ordination and sensation in his/her limbs to maintain full control of his/her machine. An applicant with an organic or functional loss of a limb or part of a limb may be referred to an ACU medical panel and be subject to

Deafness: A licence can be issued to an applicant with impaired hearing, but not to an applicant with a disturbance of balance.

<u>Diabetes:</u> A well controlled diabetic may be passed as fit to compete. They require evidence from their Consultant Diabetologist, or their own General Practitioner/regular medical attendant if are not under consultant care, that the diabetes is normally well controlled, that they are not subject to hypoglycaemic or hyperglycaemic attacks (no significant episodes in preceding year), that they have no neurological or ophthalmic complication associated with diabetes and that they understand their diabetes, its monitoring and management.

Cardio-vascular system: In general, a heart attack or serious cardio-vascular disease would normally exclude a rider from speed events. Special attention should be paid to blood pressure and cardiac rhythm disorders. In such cases a certificate from a cardiologist including the results of any test the cardiologist considers necessary, must be submitted with this Medical Report form. Any rider applying for an FIM/FIM Europe International licence and over the age of 50 years must have an exercise tolerance electrocardiogram performed, and the result must be favourable.

Neurological and psychiatric disorders: In general applicants with a serious neurological or psychiatric disorder will not be granted a licence. Fits or unexplained loss of consciousness: A licence will not be issued if the applicant is an epileptic, has suffered a single epileptic fit or has

suff	ered 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 may cause loss of consciousness?					]
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?			Yes	No 🗆	
5.	Are there any signs of neoplasm which may be liable to metastasise	?		Yes	No	
6.						
7.						
8.	Are any limbs or parts of limbs missing?			Yes	No	
9.	Is there any abnormality of the heart?			Yes	No	
10.	Does the applicant have hypertension?			Yes	No 🗆	
	If 'yes', do they meet DVLA LGV/PCV Group 2 entitlement requirement 180mmHg and/or diastolic greater or equal to 100mmHg. Answer n					vcle
11	If the applicant has insulin dependent diabetes are there any signs of ne	•	•	Yes 🗌	No C	'n
	12. 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?					
	14. Is the applicant dependent on alcohol, drugs or other substances?					Ī
15.	Is the applicant taking medication?	the medication is not within the WADA ps applying for an <b>FIM World Champior</b> s medical report. A TUE/WADA prohibit	orohibited classes <b>ship or Prize Evo</b> ed list can be dow	Yes of substant licency roloaded f	No nces are, then rom	nd a
	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			Yes L	No L	
F	Please use this space to give further details:		Name & Address Qualifications Please use	& GMC nu	mber	g
A	applicant's name:	Date of birth:				
S	signature of doctor:	Date:				

### Section 6 - Declaration & Acknowledgements - You must complete this section Please read all the following statements and sign on the next page

- I understand that if I have given any false information in this application you may take disciplinary action against me. This might include my licence being permanently withdrawn.
- I will read and comply with the National Sporting Code and the Standing Regulations of the ACU.
- 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.

## Acknowledgement 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 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 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. 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 verv serious iniury. 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 participants. 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: If you are under the age of 18 your parent or a person with parental responsibility must also sign below. Parental Agreement in respect of minors under the age of 18 Please tick the section which applies to the minor's age group. **Under 14** consent to the minor competing in motorcycle sport. I understand that whenever the minor competes a parent (or legal guardian) must be present. **Aged 14 or 15** I consent to the minor competing in motorcycle sport. I understand that whenever the minor competes a responsible adult (who need not be his/her parent) must be present. In respect of events which I am unable to attend, I agree that the responsible adult who attends with the minor has my authority to sign competitor documentation on behalf of the minor. I consent to the minor competing in motorcycle sport. I understand that there is no requirement for the minor to be accompanied to events by an adult. I authorise the minor to sign competitor documentation on his/her own behalf. Declaration in respect of minors under the age of 18 I have read and understood the "Acknowledgement of the risks of motorsport" which appears above. I appreciate the dangers inherent in motorsport which include the risk of death or permanent disablement. The minor does not suffer from any physical, medical or mental disability which would make it unsafe 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 the National Sporting Code of the ACU, Standing Regulations, Supplementary Regulations and Final Instructions subsequently issued and Entry Forms and that he/she will comply with them. Photographs or video footage may be taken of my child by officials dealing with safety issues or accident investigations. Photographs may also be taken for promotional purposes and may appear on the ACU website or in ACU publications. To the best of my knowledge and belief the minor possesses the standard of competence necessary for events of the type to which his/her entries relate and that the machines entered will be suitable, safe and will comply with the Regulations for those events. 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 acquired your **Unique Club Membership Code.** Note: many clubs will arrange to receive your completed application form, verify it and then forward it on to us for you. Name of Club:

Unique Club Membership Code issued by Club: Date: 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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