



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

2014 ACU Competition Licence Speedway

If you have any questions, regarding this form, please contact the ACU on 01788 566400

If this is your first Application

AFFIX YOUR PHOTO HERE

Please write your name and date of birth on the reverse of your photo

Please enter your title, name, **home address** and postcode in this box, using **BLOCK CAPITALS**

Member No:

FOR ACU OFFICE USE ONLY	
CHEQUE	CARD AUTH REF :
CASH	FEE :

If you hold a competition licence with any federation other than the ACU, please state which federation:
Note: If not British National we require a release from your federation

E-mail address:	Date of birth:
Work phone no:	Home phone no:
Mobile phone no:	Nationality:

Section 1 - Categories of licence you need - You must complete this section

- All licences run from 1 January to 31 December 2014.
- If you are applying for more than one type of licence of National status or below then you only pay the fee for the most expensive licence.
- If you are applying for an International licence you must also hold a current ACU National licence and pay the fees for both types of licence.

Tick all the boxes which apply to you, use the enclosed notes to help you.

For FIM/FIM Europe Championship Licences state the type of licence and the title, venue and date of the event where indicated.

Federation Licence	ACU	Youth Rider	<input type="checkbox"/>	£35
		National Rider	<input type="checkbox"/>	£35
		National Passenger	<input type="checkbox"/>	£35
	FIM International Non Championship	Rider One Event	<input type="checkbox"/>	£10
		Rider Annual	<input type="checkbox"/>	£30
		Passenger One Event	<input type="checkbox"/>	£10
		Passenger Annual	<input type="checkbox"/>	£30

International FIM & FIM Europe Championships		Rider	Passenger	Fee
Annual Licence Type:				Contract ACU for fees
One Event Licence Type: Event title:				
Venue: Date of event:				
.....				

SCB Registration Fee Payable **£**

(Please attach completed SCB Registration Form)

Total payable **£**

Section 2 - Payment - You must complete this section

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.

Or Enter - credit or debit card, details below

Card number:

Expiry date: Issue no: Start date: Last 3 digits on signature panel:

Cardholder's name: Cardholder's signature:

Section 3 - Medical information - You must complete this section

Please answer all the questions truthfully. A false declaration may have serious consequences.

Have you ever suffered from or are you currently suffering from any of the following illnesses or conditions:

- | | | |
|---|------------------------------|-----------------------------|
| 1. Epilepsy, fits, blackouts or any condition which may cause loss of consciousness?..... | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Any condition which might cause dizziness, vertigo or loss of balance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Any mental or brain disorder such as a stroke, MS or Motor Neurone disease? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Any condition or operation (including spleen removal) involving your heart or main blood vessels or high blood pressure? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Any psychiatric or emotional illness or any alcohol/drug/substance misuse?..... | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Diabetes? If 'Yes' please state whether treated by diet, tablets or insulin? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If 'Yes' then section 4 – Eyesight Report and section 5 – Medical Report, must also be completed. | | |
| 7. Any condition affecting your vision or eyes, including colour blindness?..... | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. Have you been unconscious because of a head injury or suffered from concussion? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. Any loss of strength, feeling, control or movement of any of your limbs, head or neck? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. Amputation of any part of your limbs with or without an artificial replacement? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. Any kind of tumour or cancer? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 12. Are you taking any medication? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (include all tablets, medicines etc. whether prescribed or bought over the counter) | | |

Please use this space to give further details if you have answered 'Yes' to any of the questions in Section 3 include the date you first developed the condition, details of any tests, investigations and of any treatment you have undergone, the names and addresses of any specialists you have seen, hospitals you have attended, and full details of any medication. If you have answered 'yes' to questions 1-6 a medical report will be required yearly/annually. If this is the first time you have answered 'yes' to questions 7-12, a medical report may be required annually dependant on the exact nature of your condition. Further information can be found at www.acu.org.uk/general/medical-matters.aspx

If you are over 70 and/or you are being treated for diabetes (including controlled by diet) and/or applying for an International licence then complete sections 4 and 5. If not then go to section 6.

Section 4 - Eyesight Report

To your doctor or optician

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

The minimum corrected visual acuity must be 6/6 with both eyes open together. The minimum binocular field should measure at least 120 degrees along the horizontal meridian with no defects within the central 20 degrees. This should be a simple confrontation visual field examination rather than automated perimetry testing. The applicant, for any event except Trials, must have normal colour vision in that they can distinguish the primary colours red and green.

- | | | | | | | |
|--|------------|----------------------------------|-----------------------------|----------------------------------|------------|----------------------------------|
| 1. Uncorrected vision: | Right eye: | <input type="text" value="6 /"/> | Left eye: | <input type="text" value="6 /"/> | Binocular: | <input type="text" value="6 /"/> |
| 2. Corrected vision: | Right eye: | <input type="text" value="6 /"/> | Left eye: | <input type="text" value="6 /"/> | Binocular: | <input type="text" value="6 /"/> |
| 3. Is the applicant's colour vision normal? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | | |
| 4. Does the binocular field of vision comply with the above? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | | |

Please use this space to give further details:

Name and address of optician/doctor
(please use official stamp)

Applicant's name:

Signature of optician/doctor:

Date:

Please do not write in this space

Section 5 - Medical Report

To your doctor

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 "on track" assessment.

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

Diabetes: 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 suffered 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? Yes No
3. Does the applicant have any condition which may cause sudden loss of balance or co-ordination? Yes No
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. Is there any evidence of any disease or condition affecting the eyes or ears? Yes No
7. Is there any abnormality of power, sensation, co-ordination or movement in any limb? Yes No
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 requirements? (Answer no if resting systolic BP consistently greater or equal to 180mmHg and/or diastolic greater or equal to 100mmHg. Answer no if treatment has side effects which may interfere with controlling a motorcycle)
11. If the applicant has insulin dependent diabetes are there any signs of neuropathy, retinopathy or other complications?..... Yes No
12. If the applicant has insulin dependent diabetes are they subject to episodes of hypoglycaemia or hyperglycaemia? Yes No
13. Is the applicant suffering from any psychiatric illness? Yes No
14. Is the applicant dependent on alcohol, drugs or other substances? Yes No
15. Is the applicant taking medication? Yes No
If 'yes' please give full details in the space below and confirm that the medication is not within the WADA prohibited classes of substances and prohibited methods. If the medication is banned and the applicant is applying for an **FIM World Championship or Prize Event** licence, then a TUE (Therapeutic Use Exemption) form will need to accompany this medical report. A TUE/WADA prohibited list can be downloaded from www.wada-ama.org or is available on request from the ACU.
16. Is the applicant medically fit to hold a competition licence and to participate in motorcycle sport? Yes No
17. I am unsure of the applicant's fitness and wish to refer him / her to the ACU Medical Panel.

Please use this space to give further details:

Name & Address of Doctor, including Qualifications & GMC number
Please use official stamp

Applicant's name:

Date of birth:

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 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 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**

Your signature:

Date:

All competitors under 18 years of age must be accompanied to each event by their Parent or Person with Parental Responsibility. The Parent or Person with Parental Responsibility must attend signing on and be present for the duration of 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 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.

I accept that 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:

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

ACU and The Auto-Cycle Union are trading names of The Auto-Cycle Union Limited registered under Company No 00134679;

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