

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

2018 ACU Competition Licence Enduro and International Trials

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

AFFIX YOUR

Please enter your title, name, home address and postcode in this box, using BLOCK CAPITALS	ing this lon	or email licence@acu.org.uk PHOTO HERE Please write your name and date of birth on the reverse of your photo	
		Member No:	
		FOR ACU OFFICE USE ONLY	
		Fee:	
		Card: Card Auth Ref:	
		Cash: Cheque:	
Forename:		only complete if you <u>use</u> a different Forename (ie your middle name) N.B - This will only be used for Event Entries and will <u>not</u> be printed on your licence.	
If you hold a competition licence with any federation other than the ACU, please stat Note: If not British National we require a release from your federation	te which feder		
E-mail address:		Date of birth:	
Daytime Landline no:		Evening Landline no:	
Mobile phone no:		Nationality:	
Contact details in case of emergency:			
Fick all the boxes which apply to you, use the enclosed	d notes to	nce and the title, venue and date of the event where indicated.	
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	International FIM & FIM Europe Championships	
Adult Enduro / Hare & Hounds / Cross Country Short Course Enduro / Sprint Enduro / Extreme Enduro / All Terrain Rally (minimum age 16)	£48	Type:	
Hare & Hounds / Cross Country / Short Course Enduro / Sprint Enduro / Extreme Enduro (minimum age 15)	£48	One Event Licence \$\frac{1}{2} \text{D}\$ Type: \$\frac{1}{2} \text{D}\$ Event title: OO Venue: \$\frac{1}{2} \text{D}\$ Date of event: \$\frac{1}{2} \text{D}\$	
Adult Quad	0.40	Date of event:	
(minimum age 15) Youth Hare & Hounds / Cross Country (minimum age 12)	£48 £48	Other Licences required – Please specify:	
Junior Support Class in Hare & Hounds / Cross Country Events*			
(age 8-12 yrs)	£48		
FIM International Non-Championship - Enduro One Event	£10		
FIM International Non-Championship - Enduro Annual FIM International Non-Championship - **	£30	Trials 🖁	
Cross Country Rally One Event See Medical Report	£10	FIM International Non-Championship - One Event £10	
FIM International Non-Championship - ** Cross Country Rally Annual See Medical Report	£30	FIM International Non-Championship - Annual £30	
*Fee is £25 for 8 years old		Total payable £	
Section 2 - Payment - You must o	omple	te this section	
licence applicants you are paying for and their	memberuarantee	the security of your card details whilst in the post. By paying your card details.	
Card number:			
Expiry date: Issue no: S	tart date:	Last 3 digits on signature panel:	
Cardholder's name:	Car	rdholder's signature:	

	formation - You must o	omplete this section					
Please answer all the questions truthfully. A false Have you ever suffered from or are you currently	declaration may have serious consequence suffering from any of the following illness	ences. sses or conditions:					
1. Epilepsy, fits, blackouts or any condition which	Yes No						
2. Any condition which might cause dizziness, vertigo or loss of balance?							
3. Any mental or brain disorder such as a strok		Yes No No					
4. Any condition or operation (including spleen re5. Any psychiatric or emotional illness or any a		Yes No No Yes					
Diabetes? If 'Yes' please state whether trea		Yes No					
If 'Yes' then section 4 – Eyesight Report and							
7. Any condition affecting your vision or eyes, i		Yes No					
8. Have you been unconscious because of a h		Yes No					
9. Any loss of strength, feeling, control or move		Yes I No I					
10. Amputation of any part of your limbs with or	•		Yes No				
11. Any kind of tumour or cancer?			Yes No No Yes No				
12. Are you taking any medication?							
matters.aspx							
Signature:	Drint Namo:						
	Print Name:	Date	:				
Section 4 - Eyesight Re	PPORT – Only required if: ou are applying for an international licention for the applicant whose name is on a 6/6 with both eyes open together. The fects within the central 20 degrees. This	ce he front of this form. the minimum binocular field should meas should be a simple confrontation visua	sure at least 120 al field				
Section 4 - Eyesight Re You are being treated for diabetes and / or you To your doctor or optician Please read these notes before filling in this sect The minimum corrected visual acuity must be degrees along the horizontal meridian with no de examination rather than automated perimetry tes	PPORT – Only required if: ou are applying for an international licention for the applicant whose name is on a 6/6 with both eyes open together. The fects within the central 20 degrees. This	ce he front of this form. The minimum binocular field should meas should be a simple confrontation visua	sure at least 120 al field				
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Section 5 - Medical Report - Only red	quired if:				
You are being treated for diabetes and / or you are applying for an i					
Please note it could be 3 weeks before licence is issued					
To your doctor Please read these guidance notes before filling in this section for the applic	ant whose name is on the front of this fo	rm.			
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.					
<u>Limbs:</u> 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 the ACU medical panel and be subject to					
"on track" assessment. Deafness: A licence can be issued to an applicant with impaired hearing, b					
<u>Diabetes:</u> A well controlled diabetic may be passed as fit to compete. They Practitioner/regular medical attendant if are not under consultant care, that	y require evidence from their Consultant	Diabetologist, or their ov	vn 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. <u>Cardio-vascular system:</u> 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 cas Cardiologist considers necessary, must be submitted with the Medical Report for	ses a certificate from a Cardiologist inclu	ding the results of any te	est the		
age of 50, with the exception of Trial, must have an exercise tolerance	electrocardiogram performed and the	e result must be favour	rable, this is		
then required at least every 3 years. In Trial, an exercise tolerance electroc factors for or history of cardiac disease.			•		
**Cross-country Rallies: An applicant for any licence in Cross-Country Ralliprior to the issuing of the licence. An exercise tolerance electrocardiogram must	ies must undergo and pass successfully an be conducted and successfully passed with	echocardiogram once in this echocardiogram and	his/her lifetime d is then required		
every three years. Neurological and psychiatric disorders: In general applicants with a seriou	s neurological or psychiatric disorder will no	ot be granted a licence.			
Fits or unexplained loss of consciousness: A licence will not be issued an unexplained loss of consciousness.			r has suffered		
Are you the applicant's regular medical attendant?					
2. Does the applicant have epilepsy, diabetes or any condition which many	•				
3. Does the applicant have any condition which may cause sudden loss					
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					
Are any limbs or parts of limbs missing?	•				
9. Is there any abnormality of the heart?					
10. Does the applicant have hypertension?			es 🗌 No 🗌		
If 'yes', do they meet DVLA LGV/PCV Group 2 entitlement requirement					
180mmHg and/or diastolic greater or equal to 100mmHg. Answer n					
11. If the applicant has insulin dependent diabetes are there any signs of ne12. If the applicant has insulin dependent diabetes are they subject to epis					
Is the applicant rias insulin dependent diabetes are they subject to epis Is the applicant suffering from any psychiatric illness?					
14. Is the applicant dependent on alcohol, drugs or other substances?					
15. Is the applicant taking medication?		Ye	es 🗌 No 🔲		
If 'yes' please give full details in the space below and confirm that t prohibited methods. If the medication is banned and the applicant is	he medication is not within the WADA	prohibited classes of supplied to the prohibited classes of supplied to the prohibited to the prohibit	ubstances and		
TUE (Therapeutic Use Exemption) form will need to accompany thi					
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?	Ye	es 🗌 No 🗌		
17. I am unsure of the applicant's fitness and wish to refer him / he	er to the ACU Medical Panel, please	give details of the			
reason(s) that you are unsure of the applicant's fitness.					
Please use this space to give further details:		Name & Address of Do Qualifications & GN			
		Please use official			
Applicant's name:	Date of birth:				
Signature of doctor:	Date:	GMC No:			
Section 6 Declaration 9 Asknowle					
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 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. I 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.

Aged 16 or 17 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 appear 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 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 Photographs may also be taken for promotional purposes and may appear on the ACU web. To the best of my knowledge and belief the minor possesses the standard of competence ne entries relate and that the machines entered will be suitable, safe and will comply with the R	it unsafe for him/her to participate as a competitor. the National Sporting Code of the ACU, Standing try Forms and that he/she will comply with them. a safety issues or accident investigations. site or in ACU publications. eccessary for events of the type to which his/her
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 acqu Unique Club Membership Code.	ired your
Name of Club:	
Unique Club Membership Code issued by Club:	Date:
From time to time we will contact you with official information, offers and promotions from ACU Ltd and AC	CU Events Ltd. Your details will not be passed on to any third

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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