

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

2018 ACU Competition Licence Track

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

Please enter your title, name and postcode in this box, us							LS						0	r ema	ail licence@a	cu.org.uk	Please wi and date reverse of y	of birth	on th	е
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If you hold a competition licence with Note: If not British National we require	any e a r	feder	ration se fro	n oth	er tha	an the	ACL	J, ple	ease	state	whic	h federation								
E-mail address:															D	ate of birt	th:			
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Mobile phone no:								Nationalit												
Contact details in case of	f er	mer	ger	ncv										-						
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Adult Quad												£48								
FIM International Non-championship - One Event												£10								
FIM International Non-championship - Annual											T	£30								
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Fee is £25 for 8 year olds an)eioi	vv.											10	otal payable	. 2				
Section 2 - Pa f you are paying by c icence applicants you f you wish to pay by Cred online the service provider To use the ACU online ser	he u a lit/E	eque are Deb as t	e, pa oit c	ple ayii ard ake	as ng the	e n for e AC	nak an CU d to s	e i d t can ecu	it p hei not urel	aya ir n gua y de	abl nei ara eal	le to 'Almber no ntee the with you	U Ltd'. Pumbers, of security of card deta	lea n tl you ils.	nse write the revers ur card deta	e of the	in the post.			
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S	ection 3 - Medical information - You mus	t complete this section					
	ase answer all the questions truthfully. A false declaration may have serious conse we you ever suffered from or are you currently suffering from any of the following il						
1.	Epilepsy, fits, blackouts or any condition which may cause loss of consciousness						
2.	Any condition which might cause dizziness, vertigo or loss of balance?						
3.	Any mental or brain disorder such as a stroke, MS or Motor Neurone disease?	Yes No No					
4.	Any condition or operation (including spleen removal) involving your heart or main blo	od vessels or high blood pressure?					
5.	Any psychiatric or emotional illness or any alcohol/drug/substance misuse?	Yes No					
6.	Diabetes? If 'Yes' please state whether treated by diet, tablets or insulin?						
7.	Any condition affecting your vision or eyes, including colour blindness?	Yes No					
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 r	eck?					
10.	Amputation of any part of your limbs with or without an artificial replacement?	Yes No No					
11.	Any kind of tumour or cancer?	Yes No					
12. Are you taking any medication? Yes No							
	(include all tablets, medicines etc. whether prescribed or bought over the counter)					
	quired annually dependant on the exact nature of your condition. Further informati atters.aspx	on can be found at www.acu.org.uk/general/medical-					
Si	gnature: Print Name:	Date:					
To Ple The deg exa dist 1. 2. 3. 4.	your doctor or optician ase read these notes before filling in this section for the applicant whose name is a minimum corrected visual acuity must be 6/6 with both eyes open together press along the horizontal meridian with no defects within the central 20 degrees. In amination rather than automated perimetry testing. The applicant, for any event excitinguish the primary colours red and green. Uncorrected vision: Right eye: Corrected vision: Right eye: Is the applicant's colour vision normal? Does the binocular field of vision comply with the above? Yes Pease use this space to give further details:	The minimum binocular field should measure at least 120 his should be a simple confrontation visual field					
H	Applicant's name:	Date:					
51	gnature of optician/doctor:	Date:					
	Please do not write in	this space					

Section 5 - Medical Report - Only re	equired if:								
You are aged 70 or over and / or you are being treated for diabetes and / or you are applying for an International licence 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 ap The person to be examined is applying for a licence to compete in moto applicant does not suffer from any condition which might result in sudde and spectators. The controls of a motorcycle normally require the use of under fierce acceleration and braking forces. Competition places both pl Limbs: The applicant should have sufficient power, co-ordination and sean applicant with an organic or functional loss of a limb or part of a limb "on track" assessment. Deafness: A licence can be issued to an applicant with impaired hearing Diabetes: A well controlled diabetic may be passed as fit to compete. To General Practitioner/regular medical attendant if are not under consultar to hypoglycaemic or hyperglycaemic attacks (no significant episodes in passociated with diabetes and that they understand their diabetes, its mo Cardio-vascular system: In general, a heart attack or serious cardio-vascular system: In general, a heart attack or serious cardio-vascular system: In general, a heart attack or serious cardio-vascular system: In general at a tack or serious cardio-vascular system: In general at a tack or serious cardio-vascular should be paid to blood pressure and cardiac rhythm disorders. In such casconsiders necessary, must be submitted with the Medical Report form. Any rider with the exception of Trial, must have an exercise tolerance electrocard at least every 3 years. In Trial, an exercise tolerance electrocard at least every 3 years. In Trial, an exercise tolerance electrocard at least every 3 years. In Trial, an exercise tolerance electrocard at least every 3 years. In Trial, an exercise tolerance electrocard at least every 3 years. In Trial, an exercise tolerance electrocard at least every 3 years. In Trial, an exercise tolerance electrocard at least every 3 years. In Trial, an exercise tolerance electrocard at least every 3 years. In Trial, an exercise tolerance electrocard at least every 3 years. In Trial, an exercise	rcycle sport events. Particular care shoun loss of control of his/her motorcycle the fall four limbs. The applicant must be all hysical and mental demands on the ride ensation in his/her limbs to maintain full of may be referred to the ACU medical page, but not to an applicant with a disturbative require evidence from their Consultant care, that the diabetes is normally well preceding year), that they have no neuronitoring and management. They are would normally exclude a ride es a certificate from a Cardiologist including a paplying for an FIM/FIM Europe International diogram performed and the result must be unious neurological or psychiatric disorder we write the surrous neurological or psychiatric disorder we will be supplying the surrous of the result must be surrous neurological or psychiatric disorder we write the surrous neurological or psychiatric disorder we will be surrous neurological or psychiatric disorder we will neurological or psychiatric disorder we will be surrous neurological or psychiatric disorder we will never never never never never neurological or psychiatric disorder	ald be taken to ensure that the hus endangering other riders, officials belt to control his/her motorcycle er. control of his/her machine. Ince of balance. It controlled, that they are not subject belongical or ophthalmic complication er from speed events. Special attention the results of any test the Cardiologist to be favourable, this is then required known significant risk factors for or history will not be granted a licence.							
Are you the applicant's regular medical attendant?		Yes No							
Does the applicant have epilepsy, diabetes or any condition which ma									
Does the applicant have any condition which may cause sudden loss									
6. Is there any evidence of any disease or condition affecting the eyes or ears?									
8. Are any limbs or parts of limbs missing?									
9. Is there any abnormality of the heart?									
0. Does the applicant have hypertension? Yes No 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 ne	uropathy, retinopathy or other complication	s?Yes No							
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?									
15. Is the applicant taking medication?	applying for an FIM World Champions	ship or Prize Event licence, then a							
16. Is the applicant medically fit to hold a competition licence and17. 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.									
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:	Gmc. No							
reason(s) that you are unsure of the applicant's fitness. Please use this space to give further details: Applicant's name:	Date of birth: Date:	Name & Address of Doctor, inclu Qualifications & GMC numbe Please use official stamp Gmc. No							

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

Your signature:

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.

Date:

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.

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:							
• 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.								
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 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;

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