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Page 1

Cardholder's signature:

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Cardholder's name:

Section 3 - Medical info	ormation - You must c	omple	te this	section	
Please answer all the questions truthfully. A false d Have you ever suffered from or are you currently su			onditions:		
1. Epilepsy, fits, blackouts or any condition which	may cause loss of consciousness?				Yes No
2. Any condition which might cause dizziness, ve	-				
3. Any mental or brain disorder such as a stroke,					
<ol> <li>Any condition or operation (including spleen remo</li> <li>Any psychiatric or emotional illness or any alco</li> </ol>					
<ol> <li>Diabetes? If 'Yes' please state whether treated</li> </ol>	· · · · · · · · · · · · · · · · · · ·				
If 'Yes' then section 4 – Eyesight Report and se					
7. Any condition affecting your vision or eyes, inc	0				
8. Have you been unconscious because of a hea					
9. Any loss of strength, feeling, control or movem					
10. Amputation of any part of your limbs with or wi					
11. Any kind of tumour or cancer?					
12. Are you taking any medication? (include all tablets, medicines etc. whether pre	scribed or bought over the counter)				Yes 🛄 No 🛄
specialists you have seen, hospitals you have atte medical report will be required yearly/annually. If t required annually dependant on the exact nature matters.aspx	his is the first time you have answered	d 'yes <sup>'</sup> to	questions	7-12, a medical re	port may be
Signature:	Print Name:			Dat	e:
Section 4 - Eyesight Rep You are a Road Race, Scooter Road Race or Parace renewing and your last eyesight report was 3 years You are applying for an International licence To your doctor or optician 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 primery each and and and	de first time applicant  You are a R ago or more  You are aged 55 n for the applicant whose name is on t <b>/6 with both eyes open together.</b> Th cts within the central 20 degrees. This	or over he front e minimu should l	of this forr um binocu be a simpl	are being treated f n. lar field should mea e confrontation visu	or diabetes
<ul><li>distinguish the primary colours red and green.</li><li>1. Uncorrected vision: Right eye:</li></ul>	6 / Left eye:	6 /		Binocular:	6/
2. Corrected vision: Right eye:	6 / Left eye:	6 /		Binocular:	6 /
	Yes			Binocular.	07
<ol> <li>Is the applicant's colour vision normal?</li> <li>Does the binocular field of vision comply with</li> </ol>		No No			
Please use this space to give further details:				ddress of opticiar official stamp)	ı/doctor
Applicant's name:		Det			
Signature of optician/doctor:		Date	<del>.</del>		
Please					

<b>Section 5 - Medical Report - Only</b>	required if:				
Please note it could be 3 weeks before licence is issued	_		_		
You are aged 70 or over and / or you are being treated for dia	ibetes and / or you are applying	g for an International li	cence		
<b>To your doctor</b> Please read these guidance notes before filling in this section for the The person to be examined is applying for a licence to compete in m applicant does not suffer from any condition which might result in sur and spectators. The controls of a motorcycle normally require the us under fierce acceleration and braking forces. Competition places bot Limbs: The applicant should have sufficient power, co-ordination and An applicant with an organic or functional loss of a limb or part of a li "on track" assessment.	notorcycle sport events. Particular card dden loss of control of his/her motorcy e of all four limbs. The applicant musi h physical and mental demands on the d sensation in his/her limbs to mainta	e should be taken to e ycle thus endangering be able to control his/ re rider. in full control of his/her	other rider /her motor r machine.	rs, off cycle	ficials
Deafness: A licence can be issued to an applicant with impaired heat Diabetes: A well controlled diabetic may be passed as fit to compete General Practitioner/regular medical attendant if are not under consu- to hypoglycaemic or hyperglycaemic attacks (no significant episodes associated with diabetes and that they understand their diabetes, its Cardio-vascular system: In general, a heart attack or serious cardio-va- should be paid to blood pressure and cardiac rhythm disorders. In such considers necessary, must be submitted with the Medical Report form. Any r with the exception of Trial, must have an exercise tolerance electro at least every 3 years. In Trial, an exercise tolerance electrocardiogram of cardiac disease. Neurological and psychiatric disorders: In general applicants with a Fits or unexplained loss of consciousness: A licence will not be in	e. They require evidence from their C litant care, that the diabetes is norma in preceding year), that they have no monitoring and management. ascular disease would normally exclude cases a certificate from a Cardiologist i rider applying for an FIM/FIM Europe In cardiogram performed and the result required for any rider over 50 years if ther a serious neurological or psychiatric disc	onsultant Diabetologis Ily well controlled, that neurological or ophth a rider from speed evencluding the results of a ternational licence and t must be favourable, t e are known significant ri order will not be granted	they are r almic com nts. Specia any test the over the a this is the sk factors for a licence.	not su plicat al atte Cardi age of n req or or h	tion ention iologist <b>f 50,</b> j <b>uired</b> history
suffered an unexplained loss of consciousness.					
1. Are you the applicant's regular medical attendant?			Yes 🗌	No	H
2. Does the applicant have epilepsy, diabetes or any condition which			Yes 🗌	No	H
3. Does the applicant have any condition which may cause sudden I			Yes 🗌	No	H
4. Is there evidence of any progressive neurological disorder?			Yes 🗌	No	H
5. Are there any signs of neoplasm which may be liable to metastasi			Yes 🛄	No	님
6. Is there any evidence of any disease or condition affecting the eye			Yes 🛄	No	
7. Is there any abnormality of power, sensation, co-ordination or mov			Yes 🛄	No	님
8. Are any limbs or parts of limbs missing?			Yes 🛄	No	
9. Is there any abnormality of the heart?			Yes 🔄	No	Ц
<ol> <li>Does the applicant have hypertension?</li> <li>If 'yes', do they meet DVLA LGV/PCV Group 2 entitlement require 180mmHg and/or diastolic greater or equal to 100mmHg. Answer</li> </ol>	ements? (Answer no if resting systolic	BP consistently greate			rcycle)
11. If the applicant has insulin dependent diabetes are there any signs of	f neuropathy, retinopathy or other compli	ications?	Yes	No	
12. If the applicant has insulin dependent diabetes are they subject to e	pisodes of hypoglycaemia or hyperglyc	aemia?	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	
<ul> <li>15. Is the applicant taking medication?</li></ul>	at the medication is not within the WA nt is applying for an <b>FIM World Cham</b> this medical report. A TUE/WADA pro <b>nd to participate in motorcycle spc</b>	DA prohibited classes pionship or Prize Ev phibited list can be dov prt?	of substar ent licenc vnloaded f Yes	e, the rom	and en a
Please use this space to give further details:		Name & Address Qualifications Please use		mber	ling
Applicant's name:	Date of birth:				
Signature of doctor:	GMC No:				
<ul> <li>Section 6 - Declaration &amp; Acknow</li> <li>Please read all the following statements and</li> <li>I understand that if I have given any false information in this include my licence being permanently withdrawn.</li> <li>I will read and comply with the National Sporting Code and the St</li> <li>I understand that it is my responsibility to ensure that I have the clicence/registration card will not guarantee my entry into, or acception in the consent to the collection and retention of my personal information</li> <li>I consent to any necessary information concerning an injury at any present to the collection of the consent to the collection of my personal information concerning an injury at any present to the collection of my personal information concerning an injury at any present to the collection of my personal information concerning and injury at any present to the collection of my personal information concerning and injury at any present to the collection of my personal information concerning and injury at any present to the collection of my personal information concerning and injury at any present to the collection of my personal information concerning and injury at any present to the collection of my personal information concerning and injury at any present to the collection of my personal information concerning and injury at any present to the collection of my personal information concerning and injury at any present to the collection of my personal information concerning and injury at any present to the collection of my personal information concerning and injury at any present to the collection of my personal information concerning any present to the collection of my personal information concerning any present to the collection concerning any present to the</li></ul>	application you may take disciplin tanding Regulations of the ACU. correct licence/registration card for an plance into, any competition. on by the ACU.	ary action against mo	e. This mi	ght	n

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 FIMs 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.

<ul> <li>Acknowledgement of the ris Motorsport is an extremely dangerous activ</li> </ul>	ks of motorsport ity. It is important that all competitors think ver	y care	fully 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 <b>and it could be you.</b> All competitors must appreciate that they participate in motorsport							
<ul> <li>serious consequences at high speed and in While the organisers will do their reasonabl made. It must, however, be recognised by a organisers will not be the principal cause of The dominant cause of any serious injury wi The risk of accidents is one of the inherent r The ACU is not prepared to accept personal who have willingly participated in what they k evidence of the competitor's acknowledgeme voluntary decision to engage in competitive s</li> <li><b>Declaration</b> <ul> <li>I have read and understood this form.</li> <li>I understand that by taking part in motorsporvery serious injury.</li> <li>I acknowledge that even in the event that n</li> </ul> </li> </ul>	a competitive environment. e best to make the event as safe as possible, ill competitors that where an accident occurs in any serious injury sustained. I be the fact that the accident happened at spec- sks involved in motorsport and every competito injury claims (other than those covered under t now to be a dangerous sport. Any claims will be ent of the risks inherent in motorsport and that the sport rather than any alleged negligence by the rt I am exposing myself to a risk of death, bec- egligence on the part of the ACU, any other go	there n such ed in a or mus he Pe e vigo he don ACU o coming	a competitive environment. t consent to this. rsonal Accident Policy brought by competitors rously defended, and this form will be used as minant cause of any serious injury will be his/her or any other party involved in staging the event. g permanently disabled or suffering some other ng body, any race organiser, any circuit owner,				
injury I may suffer, the dominant cause of a I accept that insurance arranged on my beh participants.		ecisio er spec	n to take part in a high risk activity.				
<ul> <li>First application – please remember</li> <li>Complete payment details or enclos</li> <li>Note - Licence cards need to be pre-</li> </ul>		18 a (	copy of Proof of Age				
Your signature:	senteu at Lvents.		Date:				
All competitors under 18 years of age	must be accompanied to each event	by t	heir Parent or Person with Parental				
may also be taken for promotional purposes ar To the best of my knowledge and belief the min	<b>Inder the age of 18</b> ment of the risks of motorsport" which appears death or permanent disablement. Hedical or mental disability which would make is at the minor and I have read and understood t rinal Instructions subsequently issued and Ent y be taken of my child by officials dealing with d may appear on the ACU website or in ACU nor possesses the standard of competence ne	abov it unsa he Na ry For safety publi cessa	e. I appreciate the dangers afe for him/her to participate as a competitor. titional Sporting Code of the ACU, Standing ms and that he/she will comply with them. <i>v</i> issues or accident investigations. Photographs cations. ry for events of the type to which his/her entries				
relate and that the machines entered will be su Parents / Person with Parental Respon		ns for	those events. Signature:				
Relationship to applicant:			Date:				
Name of Club:	he ACU affiliated club stated below: o us unless you have acquired		r unique club membership code.				
Unique Code issued by Club: For 2018 Code starts 18			Date:				
Competitor Training Course - To be complet all Lapsed* Lie To be complet Novice/Interm *Lapsed Licence holder, is a rider who has	ed by all first time applicants for Road Race R sence holders. ed by all first time applicants for Road Race R ediate Novice Road Race Rider and Lapsed N not renewed their race licence for more that	ider, S ider, S lovice <b>an 5 y</b>	pplicants and Lapsed Licence* holders Sidecar Driver, Sidecar Passenger, Scooter and Sidecar Driver, Scooter and Lapsed* Sidecar Driver licences. rears. Course, to apply for your Competition Licence.				
FOR CLUB USE ONLY			aci) aci) aci) aci) aci) aci) aci) aci)				
What type of machine did the applicant complete the	<u></u>		<u></u>				
Competitor Training Course & Basic Riding Assessment	Competitor Training Course Only		Basic Riding Assessment Only				
Club Official Stamp:	Club Official Stamp:		Club Official Stamp:				
Date of Course:							
From time to time we will contact you with official in party. If you do not wish to receive this information p Please return this form, Licence Department, Auto-Cyc ACU and The Auto-Cycle Unior	blease tick this box: □ your payment, and any other informa	ACU E ation tree	wents Ltd. Your details will not be passed on to any third you have to provide, to us. <b>t, Rugby, Warwickshire CV21 2YX</b> ered under Company No 00134679;				

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