

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

2019 ACU Competition Licence **Motocross**

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	arding this form,	, please conf		ce@acu.org.uk	Please write date of birth	your na	ame reve	an
			Member No	:				
			F	OR ACU OF	FICE USE ON	ILY		
			Card:	Card	Auth Ref:			
_			Cash:	Cheq	ue:			
f you hold a competition licence with any federation other than the ACU, please Note: If not British National we require a release from your federation	state which federation	on:						
E-mail address:				Date of b	irth:			
Daytime Landline no:		Evenir	ng Landline n	D:				
Mobile phone no:		Nation						_
Contact details in case of emergency:			y ·					
If you are applying for an International licence you must also ick all the boxes which apply to you, use the enclosor FIM/FIM Europe Championship Licences state the	sed notes to l type of licenc	help you. e and the	title, venue a	nd date of t	he event where	e indi	cat	
Motocross & Beachcross	Annual/ Renewal Fee*		itional FIM pionships	& FIM E	ırope	Rider	Passenger	Œ.
Youth MX E4 Electric	£30	Annual Li	<u> </u>			ř	Ба	Fee
Youth MX Automatic (50cc)	£30 £30							
Youth MX 65cc Youth MX Small Wheel 85cc	£30	One Even	t Licence				╗	ees
Youth MX Big Wheel 85cc*	£52	Туре:						for
Youth MX 125 only	£52	Event title:						ACU
Youth MX 125/250f open Adult MX	£52 £52	Venue:						Contact ACU for fees
Youth MX Mini Bike 50cc	£30	Date of ev	ent:					S
Youth MX Mini Bike 140cc*	£52	Othoril			Diagram and air			
Adult Mini Bike	£52 £30	<u>Other L</u>	<u>-icences r</u>	<u>equirea</u> –	Please specify	/:		
Youth Quad 50cc (Y1) Youth Quad 100cc Auto (Y2)*	£50							
Youth Quad 100cc Open (Y2)*	£52							
Youth Quad 150cc Open (Y3)*	£52							
Youth Quad 250cc Air Cooled (Y3)*	£52							
Youth Quad 250cc Open (Y4) Adult Quad	£52 £52							
Adult Sidecar Driver / Passenger	£52							
FIM International Non-Championship MX – Annual	£30							
FIM International Non-Championship Quad – Annual	£30		Total pay	able £				
ee is £30 for 12 year olds and below.		. 41.1.						
Section 2 - Payment - You must f you are paying by cheque, please make it p cence applicants you are paying for and the you wish to pay by Credit/Debit card the ACU cannot nline the service provider has to take steps to secure to use the ACU online service go to								

Page 1

Please answer all the questions truthfully. A false declaration may have s Have you ever suffered from or are you currently suffering from any of the suffering from any of th	ne following illnes onsciousness? ee? e disease?	ses or conditions:			
Epilepsy, fits, blackouts or any condition which may cause loss of co Any condition which might cause dizziness, vertigo or loss of balance Any mental or brain disorder such as a stroke, MS or Motor Neurone Any condition or operation (including spleen removal) involving your hea Any psychiatric or emotional illness or any alcohol/drug/substance m Diabetes? If 'Yes' please state whether treated by diet, tablets or ins If 'Yes' then section 4 — Eyesight Report and section 5 — Medical Rep	onsciousness? ee?ee disease?				
 Any condition which might cause dizziness, vertigo or loss of balance. Any mental or brain disorder such as a stroke, MS or Motor Neurone. Any condition or operation (including spleen removal) involving your hea. Any psychiatric or emotional illness or any alcohol/drug/substance m. Diabetes? If 'Yes' please state whether treated by diet, tablets or ins. If 'Yes' then section 4 – Eyesight Report and section 5 – Medical Rep. 	e? e disease?			. Yes N	lo [
 Any condition or operation (including spleen removal) involving your hea Any psychiatric or emotional illness or any alcohol/drug/substance m Diabetes? If 'Yes' please state whether treated by diet, tablets or ins If 'Yes' then section 4 – Eyesight Report and section 5 – Medical Rep 					lo [
Any psychiatric or emotional illness or any alcohol/drug/substance m Diabetes? If 'Yes' please state whether treated by diet, tablets or ins If 'Yes' then section 4 – Eyesight Report and section 5 – Medical Rep	art or main blood v				lo [
Diabetes? If 'Yes' please state whether treated by diet, tablets or ins If 'Yes' then section 4 – Eyesight Report and section 5 – Medical Rep		essels or high blood	pressure?	. Yes 🔲 N	lo [
If 'Yes' then section 4 – Eyesight Report and section 5 – Medical Rep					lo [
Any condition affecting your vision or eyes, including colour blindnes	port, must also b	e completed.			lo L . r
. Have you been unconscious because of a head injury or suffered fro					10 [10 [
Any loss of strength, feeling, control or movement of any of your limb					10 [
Amputation of any part of your limbs with or without an artificial repla					lo [
Amputation of any part of your limbs with of without an artificial repla Any kind of tumour or cancer?					lo [
Any kind of turnour of caricer? Are you taking any medication?					lo [
(include all tablets, medicines etc. whether prescribed or bought over	er the counter)			. 100 🗀 11	
Signature: Print Name:			Dat	te:	
To your doctor or optician lease read these notes before filling in this section for the applicant who	ose name is on th	ne front of this form			400
lease read these notes before filling in this section for the applicant who he minimum corrected visual acuity must be 6/6 with both eyes opegrees along the horizontal meridian with no defects within the central 2 xamination rather than automated perimetry testing. The applicant, for a istinguish the primary colours red and green.	ose name is on the together. The 20 degrees. This	ne front of this form e minimum binocula should be a simple	r field should mea	ual field	
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To your doctor or optician Please read these notes before filling in this section for the applicant who the minimum corrected visual acuity must be 6/6 with both eyes optegrees along the horizontal meridian with no defects within the central 2 examination rather than automated perimetry testing. The applicant, for a distinguish the primary colours red and green. Uncorrected vision: Right eye: Corrected vision: Right eye: St. Corrected vision: Right eye:	pose name is on the pen together. The 20 degrees. This any event except Left eye: Left eye: Yes	ne front of this form e minimum binocula should be a simple Trials, must have n	r field should mea confrontation visu ormal colour visio Binocular: Binocular:	ual field on in that they on 6 /	
To your doctor or optician Please read these notes before filling in this section for the applicant who the minimum corrected visual acuity must be 6/6 with both eyes operegrees along the horizontal meridian with no defects within the central 2 xamination rather than automated perimetry testing. The applicant, for a istinguish the primary colours red and green. Uncorrected vision: Right eye: 6 / L. Corrected vision: Right eye: 6 / L. Is the applicant's colour vision normal? Does the binocular field of vision comply with the above?	pose name is on the pen together. The 20 degrees. This any event except Left eye: Left eye: Yes	ne front of this form e minimum binocula should be a simple Trials, must have n 6 / No No No Name and add	r field should mea confrontation visu ormal colour visio Binocular: Binocular:	ual field on in that they on 6 /	

Section 5 - Medical Report - Only red	quired if:				
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 at The person to be examined is applying for a licence to compete in moti applicant does not suffer from any condition which might result in sudde and spectators. The controls of a motorcycle normally require the use cunder fierce acceleration and braking forces. Competition places both places. The applicant should have sufficient power, co-ordination and so An applicant with an organic or functional loss of a limb or part of a limb.	orcycle sport events. Particular care shen loss of control of his/her motorcycle for all four limbs. The applicant must be oblysical and mental demands on the ricensation in his/her limbs to maintain fu	ould be taken to ensure that the thus endangering other riders, officials able to control his/her motorcycle ler. Il control of his/her machine.			
"on track" assessment.		·			
<u>Deafness:</u> A licence can be issued to an applicant with impaired hearin <u>Diabetes:</u> A well controlled diabetic may be passed as fit to compete. General Practitioner/regular medical attendant if are not under consultate to hypoglycaemic or hyperglycaemic attacks (no significant episodes in associated with diabetes and that they understand their diabetes, its me <u>Cardio-vascular system:</u> In general, a heart attack or serious cardio-vasc should be paid to blood pressure and cardiac rhythm disorders. In such car considers necessary, must be submitted with the Medical Report form. Any ride with the exception of Trial, must have an exercise tolerance electroca at least every 3 years. In Trial, an exercise tolerance electrocardiogram is recordiac disease. Neurological and psychiatric disorders: In general applicants with a set	They require evidence from their Consum care, that the diabetes is normally was preceding year), that they have no neutonitoring and management. Ular disease would normally exclude a ricese a certificate from a Cardiologist includer applying for an FIM/FIM Europe International performed and the result multiplied for any rider over 50 years if there are	ultant Diabetologist, or their own rell controlled, that they are not subject surological or ophthalmic complication of the from speed events. Special attention ding the results of any test the Cardiologist ational licence and over the age of 50, st be favourable, this is then required a known significant risk factors for or history			
Fits or unexplained loss of consciousness: A licence will not be issusuffered an unexplained loss of consciousness.	ued if the applicant is an epileptic, has	suffered a single epileptic fit or has			
Are you the applicant's regular medical attendant?					
2. Does the applicant have epilepsy, diabetes or any condition which m	ay cause loss of consciousness?	Yes No			
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					
7. Is there any abnormality of power, sensation, co-ordination or mover					
8. Are any limbs or parts of limbs missing?					
9. Is there any abnormality of the heart?					
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 motorcycl					
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					
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?	the medication is not within the WADA sapplying for an FIM World Champio	yes No prohibited classes of substances and nship or Prize Event licence, then 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 / h 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 ach ach ach ach ach ach ach ach	GMC No:			
Please read all the following statements and so I understand that if I have given any false information in this application in the standard of I understand that if I have given any false information in this application in I will read and comply with the National Sporting Code and the Standard I understand that it is my responsibility to ensure that I have the conficence/registration card will not guarantee my entry into, or accepta I understand that the ACU will collect and retain my personal informal I understand that details of any injuries I may sustain at this event we event and also to my own doctor and my relatives. The doctor may professional ethical code. • Acknowledgement and Agreement of the FI I, as a member of the ACU and/or a competitor in an ACU or FIM au I undertake to familiarise myself with the FIM Anti-Doping Rules. I acknowledge and agree that the FMNs and the Doping Rules. I also acknowledge and agree that the FMNs and the Doping Rules. I also acknowledge and agree that any dispute arising exhaustion of the process expressly provided for in the FIM Anti-Doping Rules to an appellate body and in last instance for final and agree that the decisions of the arbitral appellate body referenced	sign on the next page oplication you may take disciplinary and ding Regulations of the ACU. The rect licence/registration card for any conce into, any competition. The action in accordance with the Privacy are will be passed to the medics and Clerk calso give information to other persons, the action of a decision made pursuant to the find Rules, may be appealed exclusively and all control of a decision made pursuant to the find Rules, may be appealed exclusively and all control of a decision made pursuant to the find Rules, may be appealed exclusively and all control of a decision made pursuant to the sing Rules, may be appealed exclusively and all control of a decision made pursuant to the sing Rules, may be appealed exclusively and all control of a decision made pursuant to the sing Rules, may be appealed exclusively and and action of a decision made pursuant to the sing Rules.	action against me. This might mpetition I enter and that my nd Retention Policies. of Course or incident officer of the according to the doctor's own endix 2) acknowledge and agree as follows: bound by all of the provisions of the tional Standards incorporated in the ns as provided in the FIM Anti- e FIM Anti-Doping Rules, after y as provided in Article 13 of the FIM rbitration for Sport. I acknowledge			

· 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

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 Responsibility. The Parent or Person with Parental Responsibility must atte 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 inherent in motorsport which include the risk of death or permanent disablement.	s above. I appreciate the dangers
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 t Regulations, Supplementary Regulations and Final Instructions subsequently issued and Ent	
I accept that photographs or video footage may be taken of my child by officials dealing with may also be taken for promotional purposes and may appear on the ACU website or in ACU	
To the best of my knowledge and belief the minor possesses the standard of competence ne relate and that the machines entered will be suitable, safe and will comply with the Regulatio	
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 acq Unique Club Membership Code.	quired your
Name of Club:	
Unique Club Membership Code issued by Club: For 2019 Code starts 19	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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Registered Office: ACU House, Wood Street, Rugby, Warwickshire CV21 2YX