



ASSESSMENT FORM

Riders Name..... **Date of Birth**.....

Club..... **Riding Group**.....

Full member: Yes / No (please circle)

Day Licence Rider: Yes / No (please circle)

Rider Off Machine – Engine Off

	Yes	No
Completed OffRoad Motorsport Licence Form		
Yellow Flag		
Red Flag		
Black Flag and Board		
Last Lap Flag		
Finish Flag		
15 Second Board		
Front Brake		
Rear Brake		
Clutch		
Throttle		
Kill Button		
Fuel Tap		
Kick Start		
Can rider operate all controls specified from riding position		
Can rider sit astride the machine unaided		
Does the rider understand the necessity of wearing protective clothing		
Can the rider pick up the machine		

On the Machine

Can the rider start the machine unaided		
Can the rider pull away on the flat		
On the gradient		
From a gate		
Emergency stop		
Demonstrate riding ability		

Assessors Name **Signature**.....

Date

Please return to :

Offroad Motorsport UK the trading name of YMSA Ltd P O Box 735 Chesterfield S43 9DT