



Please attach current photo here. (Not required for renewal licences)

MOTOR SPORTS CAN BE DANGEROUS AND MAY INVOLVE INJURY OR DEATH

(BLOCK CAPITALS PLEASE) Complete all sections

Name: **Date of Birth:**
 (Please enclose a copy of Birth Certificate to be retained for our records
ONLY Applies to New Riders

Address: **Post Code**

Home Tel: **Mobile:** **Email:**

Are you a Novice Rider & require an Assessment – Yes / No (Please circle as appropriate) **Riding Group**

Nominated Club **Riding No**

QUESTIONNAIRE

1. I understand the type of events which my licence allows me to enter and the rules and regulations that apply to such events and to competitors and will comply with them.
2. I confirm that any motor vehicle I use will comply with the regulations and will be safe and fit for use in competition.
3. I will satisfy myself (by sighting or otherwise) before taking part, that the venue and track is acceptable to me with regard to its features and physical layout.
4. I will NOT take part in any competition where I have any doubt about my ability or safety.
5. I will inform Y.M.S.A Ltd immediately if, for any reason, I believe that I am no longer able to satisfy the terms of this licence or I become aware that I have become unable to compete due to physical or other disability. You may refer to (www.gov.uk/health-conditions-and-driving) for guidance to holding a licence, this is the guide we use as reference.
6. I agree to accept the risks of injury and death that are inherent in motor sports and agree to take part at my own risk. I authorise any hospital or medical practitioner to furnish any information relevant to the medical condition of the applicant to the medical team or an official of the YMSA Ltd.
7. Before taking part in any event I will read and be bound by and comply with any regulations and final instructions issued by the organisers, the circuit owners and the regulatory body.
8. I will not participate whilst under the influence of alcohol or intoxicating drugs and that if I am taking any prescribed medication I will inform the event organiser and seek approval to participate before taking part.
9. If I am under the age of 18, my parents / guardian has read the above and signed the declaration and agreement below.

I have read and agree to all the above conditions.

Name (Print) **Signature:** **Relationship:** **Date**

IMPORTANT This form must be completed by the rider (or parent if under 18 years before riding. These details will be treated with the strictest of confidentiality as complies with the Data Protection Act 1984 and only the most relevant of information may be divulged to the Medical Services of any meeting, strictly for medical reasons and protection of the rider's health.

I enclose the Competition Licence Fee of **£40.00** which includes Public Liability Insurance Cover. The licence will be effective until the end of the current season.
CHEQUES MADE PAYABLE TO Offroad Motorsport UK please.

PLEASE RETURN THIS FORM TO: YOU'RE CLUB MEMBERSHIP SECRETARY

THIS APPLICATION MUST BE COMPLETED IN FULL AND ACCOMPANIED BY A PASSPORT SIZE PHOTO.
 Photos can be emailed directly to your club secretary.

Club Official (Print) **Position**

Signature **Date**

Offroad Motorsport UK the trading name of YMSA Ltd P O Box 735 Chesterfield S43 9DT
Tel: Office - 01246 767 943 / 07747 808 366 Reg No 1699877

Office Use Only: **ORMS Licence No.:**

Dated:.