



## APPLICATION FOR COMPETITION LICENCE - TRIALS

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)

Address: .....

.....

Postcode: .....

Home Tel: .....

Mobile: .....

Email: .....

Class: Youth  Adult

### 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 (unless prohibited to do so).
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. Medical conditions, to hold a competition licence you must satisfy the conditions for holding a DOT driving licence refer to website:  
[www.gov.uk/health-conditions-and-driving](http://www.gov.uk/health-conditions-and-driving)
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 YMSA Ltd, 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 or completed the young rider declaration form.
10. I also hereby AGREE that if the applicant should sustain any injury from any cause whilst taking part in an event and as a result bring a claim for compensation against you or the organisers or officials or sponsors or medical team or entrants or owners of the venue I WILL INDEMNIFY AND PAY BACK TO YOU any sum which you may be required to pay as a result of such claim.

I have read and agree to all the above conditions.

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 riders health.

I enclose the Competition Licence Fee of £ 7.50 which includes Public Liability Insurance Cover. The licence will be effective until the end of the current season.

CHEQUES MADE PAYABLE TO YOUR MEMBERSHIP CLUB

PLEASE RETURN THIS FORM TO: YOUR CLUB MEMBERSHIP SECRETARY

A COPY OF BIRTH CERTIFICATE must be provided for riders under 18 years.

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PO BOX 735, Chesterfield, S43 9DT