

Section 3 - Medical information - You must complete this section

Please answer all the questions truthfully. A false declaration may have serious consequences. If you answer 'Yes' to any of the questions please give full details in the space provided at the end of this section. These should include the date you first developed the condition, details of any tests, investigations and of any treatment you have undergone. Please include the names and addresses of any specialists you have seen and hospitals you have attended. Please give full details of any medication you are taking.

Have you ever suffered from or are you currently suffering from any of the following illnesses or conditions:

1. Epilepsy, fits, blackouts or any condition which may cause loss of consciousness?..... Yes No
2. Any condition which might cause dizziness, vertigo or loss of balance? Yes No
3. Have you been unconscious because of a head injury or suffered from concussion? Yes No
4. Any mental or brain disorder such as a stroke, MS or Motor Neurone disease? Yes No
5. Any loss of strength, feeling, control or movement of any of your limbs, head or neck? Yes No
6. Amputation of any part of your limbs with or without an artificial replacement? Yes No
7. Any condition or operation (including spleen removal) involving your heart or main blood vessels or high blood pressure? Yes No
8. Any kind of tumour or cancer? Yes No
9. Any psychiatric or emotional illness or any alcohol/drug/substance misuse?..... Yes No
10. Any condition affecting your vision or eyes, including colour blindness?..... Yes No
11. Diabetes? If 'Yes' please state whether treated by diet, tablets or insulin? Yes No
If 'Yes' then section 4 – Eyesight Report and section 5 – Medical Report, must also be completed.
12. Are you taking any medication? Yes No
(include all tablets, medicines etc. whether prescribed or bought over the counter)

Please use this space to give further details if you have answered 'Yes' to any of the questions in Section 3:

Section 4 - Eyesight Report - Complete this section if:

You are applying for an International licence You are being treated for diabetes You are aged 55 or over

You are a Road Race or Scooter Road Race first time applicant You are a Road Race or Scooter Road Race licence holder renewing and your last eyesight report was 3 years ago or more

To your doctor or optician

Please read these notes before filling in this section for the applicant whose name is on the front of this form.

The minimum corrected visual acuity must be 6/6 with both eyes open together. The minimum binocular field should measure at least 120 degrees along the horizontal meridian with no defects within the central 20 degrees. This should be a simple confrontation visual field examination rather than automated perimetry testing. The applicant, for any event except Trials, must have normal colour vision in that they can distinguish the primary colours red and green.

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|--|-----------|----------------------------------|-----------------------------|----------------------------------|------------|----------------------------------|
| 1. Unaided vision: | Left eye: | <input type="text" value="6 /"/> | Right eye: | <input type="text" value="6 /"/> | Binocular: | <input type="text" value="6 /"/> |
| 2. Corrected vision: | Left eye: | <input type="text" value="6 /"/> | Right eye: | <input type="text" value="6 /"/> | Binocular: | <input type="text" value="6 /"/> |
| 3. Is the applicant's colour vision normal? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | | |
| 4. Does the binocular field of vision comply with the above? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | | |

Please use this space to give further details:

Name and address of optician/doctor
(please use official stamp)

Applicant's name:

Signature of optician/doctor:

Date:

Section 5 - Medical Report - Complete this section if:

You are applying for an International licence and / or you are being treated for diabetes and / or you are aged 70 or over

To your doctor

Please read these guidance notes before filling in this section for the applicant whose name is on the front of this form.

The person to be examined is applying for a licence to compete in motorcycle sport events. Particular care should be taken to ensure that the applicant does not suffer from any condition which might result in sudden loss of control of his/her motorcycle thus endangering other riders, officials

Deafness: A licence can be issued to an applicant with impaired hearing, but not to an applicant with a disturbance of balance.

Diabetes: A well controlled diabetic who is not subject to hypoglycaemic or hyperglycaemic attacks may be passed as fit to compete providing they can supply evidence from a diabetologist that they have no neuropathic complications nor any ophthalmoscopic evidence of vascular complications. If access to a diabetologist is difficult then the GP/examining doctor must pay particular attention to these points during the examination.

Cardio-vascular system: In general, a heart attack or serious cardio-vascular disease would normally exclude a rider from speed events. Special attention should be paid to blood pressure and cardiac rhythm disorders. In such cases a certificate from a cardiologist including the results of any test the cardiologist considers necessary, must be submitted with this Medical Report form. **Any rider applying for an International licence and over the age of 50 years must have an exercise tolerance electrocardiogram performed, and the result must be favourable.**

Neurological and psychiatric disorders: In general applicants with a serious neurological or psychiatric disorder will not be granted a licence.

Fits or unexplained loss of consciousness: A licence will not be issued if the applicant is an epileptic, has suffered a single epileptic fit or has suffered an unexplained loss of consciousness.

1. Are you the applicant's regular medical attendant? Yes No
2. Does the applicant have epilepsy, diabetes or any condition which may cause loss of consciousness? Yes No
3. Does the applicant have any condition which may cause sudden loss of balance or co-ordination? Yes No
4. Is there evidence of any progressive neurological disorder? Yes No
5. Are there any signs of neoplasm which may be liable to metastasise? Yes No
6. Is there any evidence of any disease or condition affecting the eyes or ears? Yes No
7. Is there any abnormality of power, sensation, co-ordination or movement in any limb? Yes No
8. Are any limbs or parts of limbs missing? Yes No
9. Is there any abnormality of the heart? Yes No
10. Does the applicant have hypertension? Yes No
11. If the applicant has insulin dependent diabetes are there any signs of neuropathy, retinopathy or other complications?..... Yes No
12. If the applicant has insulin dependent diabetes are they subject to episodes of hypoglycaemia or hyperglycaemia? 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
15. Is the applicant taking medication? Yes No
If 'yes' please give full details in the space below and confirm that the medication is not within the WADA prohibited classes of substances and prohibited methods. If the medication is banned and the applicant is applying for an **FIM World Championship or Prize Event** licence, then a TUE (Therapeutic Use Exemption) form will need to accompany this medical report. A TUE can be downloaded from www.wada-ama.org or is available on request from the ACU.
16. Is the applicant medically fit to hold a competition licence and to participate in motorcycle sport? Yes No
17. I am unsure of the applicant's fitness and wish to refer him / her to the ACU Medical Panel.

Please use this space to give further details:

Practice stamp
(include name
and qualifications)

Applicant's name:

Date of birth:

Signature of doctor:

Date:

Section 6 - Declaration & Acknowledgements - You must complete this section

Please read all the following statements and sign on the next page

- I understand that if I have given any false information in this application you may take disciplinary action against me. This might include my licence being permanently withdrawn.
- I will read and comply with the National Sporting Code and the Standing Regulations of the ACU.
- I understand that it is my responsibility to ensure that I have the correct licence/registration card for any competition I enter and that my licence/registration card will not guarantee my entry into, or acceptance into, any competition.
- I consent to the collection and retention of my personal information by the ACU.
- I consent to any necessary information concerning an injury at an event being given by the attending doctor/paramedic/first-aider to the Clerk 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 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

• **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 Code. I consent and agree to comply with and be bound by all of the provisions of the FIM Anti-Doping Code, 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 FMNs and the FIM have jurisdiction to impose sanctions as provided in the FIM Anti-Doping Code. I also acknowledge and agree that any dispute arising out of a decision made pursuant to the FIM Anti-Doping Code, after exhaustion of the process expressly provided for in the FIM Anti-Doping Code, may be appealed exclusively as provided in Article 12 of the FIM Anti-Doping Code 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.

• **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 participants.

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**

• **Complete payment details or enclose a cheque**

Your signature:

Date:

All competitors under 18 years of age must be accompanied to each event by their parent or legal guardian or responsible adult. The parent or legal guardian or responsible adult must attend signing on and be present for the 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 above. I appreciate the dangers inherent in motorsport which include the risk of death or permanent disablement.

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 the National Sporting Code of the ACU, Standing Regulations, Supplementary Regulations and Final Instructions subsequently issued and Entry Forms and that he/she will comply with them.

I accept that photographs or video footage may be taken of my child by officials dealing with safety issues or accident investigations. Photographs may also be taken for promotional purposes and may appear on the ACU website or in ACU publications.

To the best of my knowledge and belief the minor possesses the standard of competence necessary for events of the type to which his/her entries relate and that the machines entered will be suitable, safe and will comply with the Regulations for those events.

Parent's / guardian's 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 your Club Secretary has signed it first.

Note: many clubs will arrange to receive your completed application form, verify it and then forward it on to us for you.

Name of Club:

Club stamp:

Date:

Club Official's Signature:

Position:

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