



2012 MCF Competition Licence Application Form

Complete this form in BLOCK CAPITALS to apply for an MCF Competition Licence. If you require assistance filling in this form, please contact the MCF Office on: 01865 343666.

A PASSPORT SIZED PHOTOGRAPH IS REQUIRED FOR ALL FIRST TIME APPLICATIONS AND FOR YOUTH RIDERS A COPY OF YOUR BIRTH CERTIFICATE OR PASSPORT IS ALSO REQUIRED.

Section 1 - Your Details

Riders First Name Riders Surname

Date of Birth Parent / Guardians Name

House Name or Number 1st Line of Address

2nd Line of Address Town

County Postcode

E-Mail Address

Mobile Number (1) Mobile Number (2)

Home Telephone Number Occupation (If Applicable)

Make of Machine Engine Capacity

Model Year

Please Delete as Appropriate: 2 Stroke / 4 Stroke Transponder No (If you have your own)

Do you currently hold a recognised Competition Licence?

 Yes No

If Yes, please state the type of Licence Held

How many years racing experience do you have?

Which MCF club are you a member of? **NEWTON LE WILLOWS MCC**

You **MUST** be a member of an MCF affiliated club to apply for a 2012 MCFederation Licence.

Please note that the club with which you submit your licence application will be the club that you will represent for the Elite Youth League, if applicable, in 2012

MCFederation

Dovecote, Little Baldon Farm, Little Baldon, Oxford OX44 9PU
T: 01865 343666 F: 01865 340014 E: office@mcfederation.com



Section 2 - Medical Information

- 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. This 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? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2) Any condition that might cause dizziness, vertigo or loss of balance? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3) Have you been unconscious because of a head injury or suffered from concussion? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 4) Any brain disorder such as a stroke, MS or Motor Neurone disease? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 5) Any loss of strength, feeling, control or movement of any of your limbs, head or neck? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 6) Amputation of any part of your limbs with or without an artificial replacement? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 7) Any condition or operation involving your heart or main blood vessels or any high blood pressure? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 8) Any kind of tumour or cancer? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 9) Diabetes? If 'Yes' please state whether treated by diet, tablets or insulin? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| (please continue information on the space provided below) | | | | |
| 10) Any psychiatric or emotional illness or any alcohol/drug/substance misuse? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 11) Any condition affecting your vision or eyes, including colour blindness? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 12) Are you taking any medication? (Include all tablets, medicines etc. whether prescribed or bought over the counter). | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Please use the space below to give further details if you have answered "Yes" to any of the above questions:

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Section 3 - Licence Required & Cost

Please tick box for the relevant Licence required

Motocross / Cross Country

- | | | |
|---|---|--|
| <input type="checkbox"/> Auto - £25.00 | <input type="checkbox"/> Adult Junior - £30.00 | <input type="checkbox"/> Youth Minibike 50cc - £25.00 |
| <input type="checkbox"/> 65cc - £25.00 | <input type="checkbox"/> Adult Expert - £30.00 | <input type="checkbox"/> Youth Minibike 110cc - £25.00 |
| <input type="checkbox"/> SW - £25.00 | <input type="checkbox"/> Adult Quad - £30.00 | <input type="checkbox"/> Youth Minibike 140cc - £25.00 |
| <input type="checkbox"/> BW - £25.00 | <input type="checkbox"/> Youth Quad - £25.00 | <input type="checkbox"/> Adult Minibike - £30.00 |
| <input type="checkbox"/> Rookies - £25.00 | <input type="checkbox"/> Rookie + Adult* - £30.00 | *Expert / Junior |

* Please state Adult Expert or Junior status for your Adult Licence if you require a joint Rookie and Adult licence.

Payment

There are a number of ways of paying for your Licence:

- You can pay by Cheque or Credit/Debit Card.
- **PLEASE MAKE CHEQUES PAYABLE TO: MC Federation Ltd**
- **LICENCE APPLICATIONS CAN NOT BE ACCEPTED WITHOUT FULL PAYMENT ENCLOSED**

Credit / Debit Card Details

16 Digit Card Number

Valid From Date - Until End Date -

Issue Number

Full name as it appears on card

Security number (last 3 digits on the reverse of your card)

I hereby give permission to deduct the following amount from my card* £

Card Holders Signature Date

*Please add £3.00 for Card Transaction Charges.

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**MOTOR SPORTS CAN BE DANGEROUS
AND MAY INVOLVE INJURY OR DEATH
Read carefully before signing to ensure you agree.**

1. The answers given by me in this Licence application are true.
2. I fully understand the type of the events which the Licence allows me to enter and the rules and regulations that apply to such events and to competitors and will comply with them.
3. I will ensure that before I enter any event I am competent to compete and that any vehicle that I use is safe and fit for the competition and nature of the course.
4. I will satisfy myself (by sighting lap 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).
5. I will NOT enter or take part in any competition where I have a doubt as to my safety.
6. I will tell you 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.
7. 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.
8. I agree to abide by the rules and regulations of the MC Federation, and any final regulations issued by a club, at any event that I enter under the authority of this licence.
9. If under the age of 18, my parent / guardian has read the above and signed the declaration and agreement below.

Signed by Rider	Date
Print name of Rider (Block Capitals)	

PARENT/GUARDIAN DECLARATION AND AGREEMENT (if under 18)

You must read the answers given by the applicant and agree to the terms below which create obligations on you before a Licence can be issued.

- a) I (print name) _____ am the Parent/Legal guardian of _____
(competitor's name)
- b) I have read the application for a competition Licence completed by him/her, and confirm the truth of his/her answers.
- c) I confirm that he/she is competent to compete in motor sport events permitted by the Licence applied for and that both he/she and I are aware of the dangers.
- d) I will ensure that he/she complies with the declaration signed by him/her and will satisfy myself as to the safety of his/her machine and the safety of the venue before allowing him/her to take part.
- e) I also hereby AGREE that in consideration of you granting a Licence that if the applicant should sustain any injury from any cause whilst taking part in a competition and as a result bring a claim for compensation against you or the organisers or officials or sponsors 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.

Signed by Parent/Guardian (for riders under 18yrs)	Date
Print name of Parent/Guardian (Block Capitals)	

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