

Motor Cycling Ireland

INCORPORATING MCUI SOUTHERN CENTRE LTD.

Application for <u>JUNIOR</u> Competition Licence 2012

Affiliated Club:

		on, follow the instructions on page 5
Applicant's Name: (Please Print)	Used First Names	Surname
Address:		
Email Address		Telephone Number Land line no
Date of Birth:		
-	-	Months
<u>A Birth Certific (Clear Photo C</u>	<u>cate (long format) i. lopy)</u>	's required for every Licence application
LICENCE FEES		A DESCRIP
Moto-X /GT	€20.00	1 RECENT PASSPORT
Trials Only	€20.00	PHOTOGRAPH
Renewal Previous Licence t	First Time Application o be Attached	■ MUST BE INCLUDED WITH THIS APPLICATION
MOTOCROSS CLASS	'S (Age on 1 st January)	Trials Classes (age on 1st January)
Auto 50cc (6 - 7	•	Class E Electric (4 to 5 Years)
Junior 65cc (6 –1		Class D Cadets (6 to 9 Years)
	(150 F) (9 -12 YEARS)	Class C Juniors (10 to 12 Years)
	50 F) (11-15 YEARS	Class B Inters (13 to 15 Years)
125cc (2T) (14 - 1	·	Class A Senior(16 to 17 Years)
, , ,	F) (14 - 18 YEARS)	
quads		
DECLARATION I declare that the info Motorcycling Ireland (introduced.	rmation I have given is true an Southern Centre) Ltd, and any	nd correct. I agree to abide by the Rules and Regulations of t additional Rules and Regulations which may subsequently b
Signature o	f Applicant:	Date:
Signature o or Legal Gu		Date:
	CLUB MEMBERSHIP \	VERIFICATION
I verify that the APPL	ICANT on this LICENCE FORM i	is a member of the
Signed: Signed by Club Secreta		Date:



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INCORPORATING MCUI SOUTHERN CENTRE 2012

PARENTAL OR GUARDIAN AGREEMENT FORM

For every rider who is under 18 years of age a Parental or Guardian Agreement Form must be submitted with every Licence Application Form

<u>Rider</u>	
Surname:	First Name(s):
Address:	
Telephone:	Date of Birth:
	d under the General Competition Rules and Standing Regulations for Championships of the Motor and (Southern Centre) Ltd and any final instructions which have been or may be issued.
DECLARATION: I .	the parent or legal guardian of Childs Name
Hereinafter referre declare as follows.	d to as (my/our child) accept that my/our child may participate in motocross or grasstrack racing. I
 1. 2. 3. 4. 5. 6. 7. 8. 	That I am/we are familiar with the nature of the competition and the risk inherent therein and that other than where not provided for by the nature of the event, my/our child will have the opportunity to inspect the course/track, circuit, and its facilities not less than 30 minutes prior to commencement of practice or event whichever occurs first. I am/we are satisfied and consent that my/our child be allowed to participate as a competitor and that he/she is competent to do so. In consideration of the organisers allowing my/our child to compete I hereby agree to undertake to Indemnify the Motor Cycle Union of Ireland Southern Centre, the clubs, the organisers, their servants or agents, officials and the promoter or any other bodies or individuals connected with the event in respect of any claim by my/our child in respect of injury or any damage to my property howsoever caused, and including limitation their negligence and/or breech of statutory duty arising from my/our child's participation in the competition. My/our child does not suffer from any physical or mental disability, which would make it unsafe for him/her to participate as a competitor. I/we confirm that I/we have had the opportunity to read, and that I/we consequently understand the general competition rules of the Motor Cycle Union of Ireland, Southern Centre Ltd, the Standing Regulations, Supplementary Regulations and any final instructions subsequently issued and Entry Forms applicable to the event, and that is my/our responsibility to ensure that my/our child understands them and that he/she will comply with them. To the best of my/our belief my/our child possesses the standard of competence necessary for an event of this type to which his/her entry relates and that the machine entered will be suitable, safe and will comply with the Regulations for those events. JUNIOR Quads: I/we are aware of the Manufacturers recommended age restrictions issued with the Quads but agree to ride under the ages laid out for racing under controlled racing ru
Signatures) of Pare	ents(s) or LEGAL Guardians:
Address if differen	t from that above:
Club Witness (plea	se print) Signature:

Date:



Parental Declaration Form

- 1. I will respect the Rules and Procedures set down in Motorcycling Irelands Code of Practice for Children in Sport.
- 2. I will respect my childs team mates, officials, coaches, other parents as well as riders
- 3. I will give encouragement and applaud only positive accomplishment whether from my child, his/her team, their opponents or the officials.
- 4. I will respect the officials and their authority during events.
- 5. I will never demonstrate threatening or abusive behaviour or foul language.
- 6. I will encourage my child to treat other participants, officials, coaches and clubs with respect.

Name:	Signature:
Date:	

MOTOR CYCLING IRELAND -MEDICAL CERTIFICATE

ALL SECTIONS MUST BE COMPLETED BY THE APPLICANT / PARENT / GUARDIAN

PERSONAL DE	TAILS								
Name:	ame:First Name:		Bir	Birth Date:		Epilepsy or convulsions			
Address:					N	Iental or nervo	us disorder		
Sex: Male Female						Frouble with are cramp or joint s	ms or legs incl. muscle tiffness		
Medical History (to be completed by applicant or responsible parent or guardian if applicant is a minor):					B	lood disorder v	vith tendency to bleeding		
NO	ŕ		YES	DETAILS	C	perations			
NO Loss of, c dizziness		ss for any reas	son,		D	o you regularly	take medicine or drugs?		
uizziiiess	oi neadache	,			C	ther illnesses			
Eye troub	le (except g	lasses)					panned on medical grounds	, from taki	ng part
Asthma						any other spor		1	
Allergy to	medicines	or drugs					gs and do not abuse alcoho		to
Diabetes					 c) In case of emergency, I authorise any qualified person to administer the necessary treatment, medical and or surgical, including the administration of blood or blood products. I 				rgical,
Heart Tro	uble				a	also agree to information concerning my medical condition be given by the Doctor in Charge to the Clerk of the Course, and			lition being
Blood pre	ssure disord	ler				ny own doctor a			,
Stomach t	rouble (ulce	er, etc.)			d) I	declare that the	information that I have giv	en is the ti	uth.
Uro-genita	al trouble				 I agree to the information on the Medical Examination Form being sent to the doctor of my FMN. 				
Cardio-vascula	ır system:	NORMAL	MEI ABNORMAL	TO BE COMPLETED BY DETAILS (if abnormal)	THE EXA! Eyes:				
	•					left	without	correction	1
Blood Pressure	: .	•••••				right			
Pulse:						Č		(:4: (:4	· \
Respiratory sys	stem:					left	with con	rrection (11	worn)
Head					Urine:	Albumen			
Peripheral						Glucose			
Ear, nose and t	hroat, in par	rticular vestibi	ılo-cochlear appar	atus:	Any lo	ong term medic	ation		
	right .				Any o	ther comment:			
	left								
Locomotor sys	tem:								
•					Ι, the ι	ındersigned, ce	rtify that this person:		
C					is fit to take part in motorcycle events.				
							art in motorcycle events. Es person be examined by a r		the Medical
Leg	Ü						C.I. or doctor appointed by	the M.C.I.	
	left						(Tick which box appli		
Spine	•••				I	Date of examina	ation:		
Abdomen (F	Hernia)				5	Signature and S	TAMP of Doctor:		

Abdomen (Hernia)



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NOTES FOR GUIDANCE OF THE APPLICANT

Licences will be issues as follows:

All applicants must be a current member of an affiliated club of the Motor Cycle Union of Ireland.

This Application should be completed by the Parents or Legal Guardian in the presence of the applicants Club Secretary, Treasurer, Membership Secretary or an officer of Motor Cycling Ireland. This must be done to ensure that the application is correctly filled in. If there are any errors in the application the form will be returned to the applicants parent for correction and applicant will not be allowed to compete in events.

Should you have a query with your application ask your Club Secretary or Treasurer for assistance. They should know the answer. Only contact the Registrar if they are not available, beween the hours of 09.00 hrs and 17.00 hrs Monday to Friday. No phone calls taken at weekends and bank holidays. Allow a minimium of 2 weeks for application to be processed.

MEDICAL CERTIFICATE

Page 4: The top half must be completed by the parent each year for riders in all disciplines. Should a licence holder change medication etc during the year they must notify Motorcycling Ireland of this in writing by updating page 4 this form. This is to ensure that World Anti-Doping Agency and Irish Sports Council regulations ane complied with. For updated regulations check website: www.irishsportscouncil.ie/anti-doping

Motocross and Grass Tracks do not need a new medical examination by their doctor for 2011 if they held a licence in 2010 and were not injured.

Check list

- 1. Photocopy of birth certificate (Long Format). If you send an original it will not be returned
- 2. Cheque or postal order for €20.00. Do not send cash in post.
- 3. Applications to be sent to Motorcycling Irelands address below only.
- 4. Pages 1 to 4 must be fully completed. Incorrect applications will be returned to the parent.
- 5. Stamped addressed envelope with Parents name and address. Do not expect a licence card if envelope is not enclosed.
- 6. 1 Passport size photo with name written on the back. (Full face only; No caps or helmets etc on photo).

Unit 18 Beat Cemtre, Balbriggan, Co. Dublin, Ireland.

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