

# SACU Ltd *Motorcycle Sport in Scotland since 1913*



## ADULT OFF-ROAD ONE-EVENT LICENCE COMPETITION / PRACTICE- 2016

- *Off-Road Adult One-Event licence valid only for events organised under an SACU Permit, for Closed to Club; National & Championship events. This licence will not allow a Trial rider upgrading rights This licence cannot be used for road race events.*
- **Fees Payable:** *The fee for this one-event licence is determined by the Organiser named on the Permit. The appropriate fee must accompany this form and is to be paid to the Event secretary.*
- *The Event Secretary must send this form to: SACU Ltd., 28 West Main Street, Uphall, West Lothian, EH52 5DW – after the event, along with the fee payable to SACU Ltd.*
- **Applicants must be a bona fide member of an SACU Member club or authorised federation**
- *Please note that this Off-Road One-event licence is only valid for the event detailed below, it is not transferable.*

**COMPLETE ALL SECTIONS: Organising Club:** \_\_\_\_\_

**Venue:** \_\_\_\_\_ **Permit Number:** \_\_\_\_\_ **Date of Event:** \_\_\_/\_\_\_/2016

**Please indicate class of sport and previous rider status attained: (\*delete inapplicable)**

<input type="checkbox"/> TRIALS:	<input type="checkbox"/> EXPERT	<input type="checkbox"/> NON-EXPERT	<input type="checkbox"/> NOVICE or Beginner
<input type="checkbox"/> MOTOCROSS: *Novice / Previous Licence holder / Class Entered:			
<input type="checkbox"/> ENDURO: *Novice / Previous Licence holder / Class Entered:			
<input type="checkbox"/> QUAD: *Novice / Previous Licence holder / Class Entered:			
<b>Identity of rider confirmed by: *Credit Card / Drivers' Licence / Passport / Other – detail in space below:</b>			
<b>Fee Paid to Club:</b> <input type="checkbox"/> £			
<b>X - Event Secretary's Signature:</b>			Date: ___/___/ 2016

### Rider's Personal Details

Family or Surname:	First Name(s):
Full Address:	
Town:	
Postcode:	
Tel. No. Home (inc STD code):	Mobile number:
E-mail Address:	Tick Box if you do not wish the SACU to contact you by email <input type="checkbox"/>
Date of Birth: ___/___/____	Male <input type="checkbox"/> Female <input type="checkbox"/>
Club:	Club membership number:

### ALL APPLICANTS 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 on the reverse side of this form. These should include the date you first developed the condition, details of any tests, investigations and any treatment you have undergone. Please include the names and addresses of any specialist you have seen and the hospitals you have attended. Please also give full details of any medications you are taking.

**Important note: Answering "yes" to any of the questions below, may result in your application being declined by the Organiser**

Have you ever suffered from or are you currently suffering from any of the following illnesses or conditions? (Tick that which is applicable):

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Epilepsy, fit, blackouts or any condition, which may cause loss of consciousness?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Any condition, which 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 <b>within the last 14 days?</b>           | <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 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 artificial replacement?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Any condition or operation (including spleen removal) involving your heart or main blood vessels or 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, tablet or insulin?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 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 medication?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

(Include all tablets, medicines etc. whether prescribed or bought over the counter)

By signing below I declare that I know no reason why a competition licence should not be issued to me and I undertake to abide by the Rules and Regulations of the SACU Ltd.

<b>X - Rider's Signature:</b>	Date: ___/___/ 2016
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