Dorset Classic Scramble Club
Nigel Revell Trophy Scramble

Preferred Race Number Here

Date: 4th June 2017 (Entries **closing date 23rd May**) **Venue: East Chelborough Nr. Evershot. DT2 0PZ.**

Directions Signed from A37 Between Yeovil & Dorchester.

Secretary of Meeting: Geoff Gill, 20 Grosvenor Road, Stalbridge, Dorset DT10 2PN
Tel: 07971855752 **E-mail** : sales@proprint2k.co.uk

Clerks of the Course TBA **Stewards** TBA

Pre race inspection from Saturday 17:00-18:00 & Sunday 8:30-10:00am. All machines to be silenced, all helmets to be examined

Practice 10:00 – 11:15am **Racing** 11:30am

Entry Fees £39 for A.M.C.A. licence holders. £49 for Non A.M.C.A. registered riders this includes Day licence fee.

No refunds after the closing date, without a legitimate reason.

Please make cheques payable to: Dorset Classic Scramble Club. **Add £1.50 & we will do the SAE**

All entries must be in by **CLOSING DATE 23rd May** **or when full. NO LATE ENTRIES.**

Licence to be shown when signing on. Please send S.A.E. with entry before closing date, that way your name appears in the programme making it easier for spectators and organisers on the day. **NO SAE NO REPLIES**

2017 AMCA One Day Licence & Entry Application Form

Before completing this form, please read the AMCA Rule Book Standing Regulation and Sporting Code for motocross events, available to download at www.amca.uk.com. By completing this application, you are agreeing to abide by all AMCA rule as stated as well as agreeing to abide by the conditions of entry for the stated event. **A valid form of photo identification must be shown on the day of the event as proof of identity.**

PERSONAL DETAILS – BLOCK CAPITALS PLEASE

Title:_______ First Name:_____________________________ Surname:____

Street Name and Number:____

Town:____

County: ____ Postcode:____________________________

Date of Birth: ☐☐ / ☐☐ / ☐☐☐☐ Age:____________

Email address: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Landline No:_____________________________ Mobile No:________________________________

Fax No:_________________________________ Occupation:____

Are you a member of an AMCA Affiliated Club (please circle) YES/NO If yes, please state name of Club: _________________________

AMCA licence no.:____________________________________AMCA registered race number:_________________________________

Photo identification documents, Passport, Driver licence etc (day licence only)___________________Checked by_______________

CLASS (please tick):

☐ Pre '65 ☐ Pre '74 ☐ Twinshock Bike Make:______________________Bike cc:_________ Year: ___________

PLEASE MAKE SURE THAT YOU HAVE ALSO SIGNED AND RETURNED OVERLEAF

ALL APPLICANTS ACKNOWLEDGEMENT OF THE RISKS OF MOTORSPORT AND MEDICAL SECTION

ALL APPLICANTS MUST SIGN THIS SECTION

READ CAREFULLY BEFORE SIGNING TO ENSURE YOU AGREE. THESE TERMS AND CONDITIONS ARE WRITTEN WITH YOUR SAFETY IN MIND.

PLEASE REFER TO THE INDIVIDUAL EVENT ORGANISER'S TERMS AND CONDITIONS OR EVENT DETAILS FOR SPECIFIC INSTRUCTIONS.

MOTORSPORT CAN BE DANGEROUS AND MAY INVOLVE INJURY OR DEATH

YOU MUST READ AND AGREE TO THE FOLLOWING DECLARATION WHICH IS DESIGNED TO CREATE A LEGALLY BINDING RELATIONSHIP IN RETURN FOR YOU BEING ALLOWED TO APPLY FOR AN AMCA LICENCE

DECLARATION

I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO ENSURE THAT I AM FIT AND ABLE TO RIDE EACH AND EVERY TIME I ENTER AN AMCA EVENT. I WILL NOT, AT ANY TIME RIDE AGAINST MEDICAL ADVICE.

THE ORGANISERS WILL DO THEIR UTMOST TO ENSURE THE EVENT IS AS SAFE AS POSSIBLE

ALL COMPETITORS WHO WISH TO PARTICIPATE IN AN AMCA EVENT MUST ACT RESPONSIBLY AT ALL TIMES AT THE EVENT, BOTH ON AND OFF TRACK. ALL COMPETITORS MUST ACT IN ACCORDANCE WITH THE RULES AND REGULATIONS.

ALL COMPETITORS MUST CONSIDER CAREFULLY THE RISKS THEY UNDERTAKE WHENEVER THEY COMPETE. IT IS RECOGNISED BY ALL COMPETITORS THAT THERE IS AN INHERENT RISK IN MOTORSPORT. THERE MAY BE ACCIDENTS WHICH RESULT IN THE DEATH, PERMANENT DISABILITY OR SERIOUS INJURY OF OTHER COMPETITORS AND / OR SPECTATORS.

ALL COMPETITORS MUST APPRECIATE THAT THEY PARTICIPATE IN MOTORSPORT ENTIRELY AT THEIR OWN RISK.

BY ENDORSING THIS APPLICATION FOR LICENCE AND REGISTRATION, THE COMPETITOR CONFIRMS AND AGREES:

1) THE ANSWERS GIVEN BY ME IN THIS LICENCE APPLICATION ARE TRUE.
2) I FULLY UNDERSTAND THE TYPE OF 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 AND THAT ANY VEHICLE I USE IS SAFE AND FIT FOR COMPETITION AND THE NATURE OF THE COURSE.
4) I WILL SATISFY MYSELF BEFORE TAKING PART IN ANY COMPETITION THAT THE VENUE IS ACCEPTABLE TO ME WITH REGARD TO ITS FEATURES AND PHYSICAL LAYOUT AND THAT I AM SATISFIED THAT IT IS SAFE FOR ME TO TAKE PART.
5) I WILL NOT ENTER OR TAKE PART IN ANY COMPETITION WHERE I HAVE DOUBTS AS TO MY SAFETY.
6) I WILL INFORM THE AMCA IMMEDIATELY AND IN WRITING 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 A PHYSICAL OR OTHER DISABILITY.
7) THAT THERE IS AN INHERENT RISK OF INJURY OR DEATH BY PARTICIPATING IN MOTORSPORT EVENTS.
8) I AM NOT TAKING DRUGS (PRESCRIBED OR OTHERWISE) OR OTHER MEDICATION NOR DO I HAVE ANY MEDICAL CONDITION, AMPUTATION / LOSS OF LIMB OR IMPAIRED VISION THAT ADVERSELY EFFECTS MY ABILITY TO RIDE SAFELY OR COMPROMISES THE SAFETY OF OTHERS
9) AS THE COMPETITOR, I WILL READ AND ABIDE BY THE AMCA RULES AND REGULATIONS AND CONDITIONS OF ENTRY FOR EACH EVENT.
10) IN THE EVENT I AM INVOLVED IN AN ACCIDENT AT AN AMCA EVENT I WILL ALLOW MY PERSONAL DETAILS TO BE PASSED BY THE FIRST AID PROVIDERS TO AN EVENT OFFICIAL.
11) I UNDERSTAND MY LICENCE WILL NOT BE ISSUED UNTIL CLUB AUTHORISATION HAS BEEN RECEIVED.
12) I UNDERSTAND THAT PAYMENT WILL BE PROCESSED IMMEDIATELY BUT MY LICENCE WILL NOT BE POSTED UNTIL CLUB APPROVAL IS RECEIVED.

MEDICAL DECLARATION

IN ACCEPTING THESE TERMS & CONDITIONS YOU ARE CONFIRMING THAT YOU WILL NOT RIDE, AT ANY TIME, AGAINST MEDICAL ADVICE. IT IS YOUR RESPONSIBILITY TO ENSURE YOU ARE FIT AND ABLE TO RIDE EACH AND EVERY TIME YOU ENTER AN AMCA EVENT. IF THE ANSWER TO ANY OF THE QUESTIONS 1-16 BELOW IS YES – YOU SHOULD SEEK MEDICAL GUIDANCE BEFORE COMPLETING THIS APPLICATION. IF THE ANSWER TO QUESTION 17 IS YES - THEN PLEASE PROVIDE THE INFORMATION THAT YOU PROVIDED TO THE DVLA ALONG WITH THE NAME OF YOUR DOCTOR.

1) DO YOU SUFFER FROM EPILEPSY, FITS, BLACKOUTS OR ANY OTHER CONDITION WHICH MAY CAUSE LOSS OF CONSCIOUSNESS
2) DO YOU SUFFER FROM ANY CONDITION WHICH MIGHT CAUSE DIZZINESS, VERTIGO OR LOSS OF BALANCE
3) HAVE YOU EVER BEEN UNCONSCIOUS BECAUSE OF A HEAD INJURY OR SUFFERED A CONCUSSION IN THE LAST 12 MONTHS
4) DO YOU SUFFER FROM ANY PROGRESSIVE NEUROLOGICAL DISORDER SUCH AS MULTIPLE SCLEROSIS OR MOTOR NEURONE DISEASE
5) HAVE YOU EVER SUFFERED A STROKE AT ANY TIME
6) DO YOU SUFFER FROM LOSS OF STRENGTH, LOSS OF FEELING, LOSS OF CONTROL OR LOSS OF MOVEMENT ON ANY OF YOUR LIMBS, HEAD OR NECK
7) HAVE YOU SUFFERED AN AMPUTATION OF ANY OF YOUR LIMBS OR PARTS OF LIMBS
8) DO YOU HAVE ANY ARTIFICIAL LIMBS
9) HAVE YOU EVER HAD A SURGICAL PROCEDURE FOR A HEART CONDITION (E.G. BYPASS, ANGIOPLASTY, PACEMAKER FITTED)
10) HAVE YOU BEEN DIAGNOSED WITH ANY KIND OF TUMOUR OR CANCER
11) DO YOU SUFFER FROM ANY CONDITION AFFECTING THE MAIN ARTERIES (E.G. BYPASS, GRAFT, AORTIC ANEURYSM)
12) HAVE YOU BEEN DIAGNOSED WITH DIABETES
13) DO YOU SUFFER FROM ANY PSYCHIATRIC OR EMOTIONAL ILLNESS
14) DO YOU SUFFER FROM HYPERTENSION (HIGH BLOOD PRESSURE)
15) DO YOU SUFFER FROM ANY CONDITION OR DISEASE AFFECTING YOUR EYES OR EARS
16) DO YOU SUFFER FROM OR ARE YOU ENGAGED IN ALCOHOL, DRUG, OR SUBSTANCE MISUSE
17) IF YOU HOLD A DVLA DRIVERS LICENCE (WHETHER FULL OR PROVISIONAL) IS THERE ANY REASON FOR MEDICAL RESTRICTIONS TO BE IMPOSED UPON IT

IF IN ANY DOUBT PLEASE CONTACT THE AMCA OFFICE BEFORE PROCEEDING.

PARENTAL AGREEMENT FOR LICENCE APPLICANTS AGED UNDER 18

1) I HAVE READ THIS APPLICATION FOR A COMPETITORS LICENCE AND CONFIRM THE TRUTH OF THE APPLICANT'S ANSWERS.
2) I CONFIRM THAT THE APPLICANT IS COMPETENT TO PARTICIPATE IN EVENTS OF THE TYPE TO WHICH THEIR ENTRIES RELATE AND THAT MACHINES ENTERED WILL BE SUITABLE, SAFE AND WILL COMPLY WITH THE REGULATIONS FOR THOSE EVENTS.
3) I WILL ENSURE THAT THE APPLICANT COMPLIES WITH THE DECLARATION WHICH THEY ENDORSE AND WILL SATISFY MYSELF AS TO THE SAFETY OF THEIR MACHINE AND THE SAFETY OF THE VENUE BEFORE ALLOWING THEM TO TAKE PART.
4) I CONFIRM THAT THE APPLICANT DOES NOT SUFFER FROM ANY PHYSICAL, MEDICAL OR OTHER DISABILITY THAT WOULD MAKE IT UNSAFE FOR THEM TO PARTICIPATE AS A COMPETITOR OR COMPROMISE THE SAFETY OF OTHERS.
5) I ACCEPT THAT IT IS MY RESPONSIBILITY TO ENSURE THAT THE APPLICANT READS AND UNDERSTANDS THE AMCA RULE BOOK, STANDING REGULATIONS AND SPORTING CODE, SUPPLEMENTARY REGULATIONS AND FINAL INSTRUCTIONS SUBSEQUENTLY ISSUED AND ENTRY FORMS AND THAT THE APPLICANT WILL COMPLY WITH THEM.
6) DURING EVENT PROCEEDINGS ENTERED INTO BY THE APPLICANT, HE / SHE WILL BE ACCOMPANIED BY A PARENT / LEGAL GUARDIAN.
7) I ACCEPT AND AGREE THAT PHOTOGRAPHS OR VIDEO FOOTAGE MAY BE TAKEN OF THE APPLICANT BY OFFICIALS DEALING WITH SAFETY ISSUES OR ACCIDENT INVESTIGATIONS. I ACCEPT AND AGREE THAT PHOTOGRAPHS MAY ALSO BE TAKEN FOR PROMOTIONAL PURPOSES AND MAY APPEAR ON THE AMCA WEBSITE OR IN PRESS RELEASES AND LITERATURE.
8) I HAVE READ AND UNDERSTOOD THE 'ACKNOWLEDGEMENT OF RISK OF MOTORSPORT' ABOVE AND I CAN CONFIRM THAT THE APPLICANT AND I ARE AWARE OF THE DANGERS INHERENT IN MOTORSPORT, WHICH INCLUDE THE RISK OF DEATH, PERMANANT DISABLEMENT OR SERIOUS INJURY
9) I CONFIRM THAT THE APPLICANT WILL ALWAYS HAVE A PARENT/GUARDIAN WITH THEM AT ANY AMCA EVENT

DATA PROTECTION ACT

THE AMCA IS COMPLIANT WITH THE DATA PROTECTION ACT. THE AMCA AND PARTNERS MAY CONTACT YOU WITH EVENT, ORGANISATION AND MARKETING INFORMATION.

Signature rider:_____Date:_____

Signature of parent/guardian (if under 18):_____Signature of parent/guardian (if under 18): _____