



# EVENT ENTRY FORM

## Date; Sunday 12<sup>th</sup> February

### Presents DIRT TRACK CROSS ROUND 1 & DIRT TRACK OPEN EVENT

At Hayley Stadium, Plover Close, Queensway Meadows, Newport NP19 4SZ WALES.

Permit Number **MCF**.....Course Certificate Number tba .....

#### CLEAR BLOCK WRITING PLEASE

First Name;	Surname;
Address;	
	Post Code;
Email;	Home No;
Mobile No;	Riding No. Preferred;
DOB;	AGE;
Make of Machine;	Engine Capacity (cc);
Sponsor/Entrant	2012 MCF Full Licence No.
Class Entering; TICK CLASS & Delete NON appropriate:  Dirt Track Cross <input type="checkbox"/> ADULT QUAD <input type="checkbox"/> YOUTH QUAD <input type="checkbox"/> ADULT MX <input type="checkbox"/> ADULT MINI BIKE <input type="checkbox"/> YOUTH MINI BIKE  Dirt Track Oval <input type="checkbox"/> SOLO DT (SPRUNG)	<b>ENTRY FEE</b>
	ATE ADULT MEMBER    £30
	NON ATE ADULT MEMBER    £40
	ATE YOUTH MEMBER    £20
	NON ATE YOUTH MEMBER    £25
	When entering a 2 <sup>nd</sup> class add    £10
	One event MCF Licence    £10
	I enclose total fee made payable to 'ATE Ltd' of    £
A.T.E MEMBERSHIP No.	<i>ONLY full members receive championship points.</i> <i>One event members welcome but score no championship points.</i> <b>IF AT THE EVENT A RIDER DECIDES TO BECOME FULL MEMBER THE ONE EVENT MEMBERSHIP FEE WILL BE DEDUCTED.</b>

#### Declaration

I, the undersigned, apply to enter the event described in this entry form.

In consideration of being permitted to participate in this event I declare as follows:

That I have read the Codes of Practice and Regulations for the MC Federation, the Event Regulations and entry form (when applicable) and I agree to be bound by them in every respect. That I am fit and not suffering from any physical or mental disability which would impair my safe participation in the event. I undertake to inform the MC Federation immediately should any change in my condition occur which I have reason to or ought to have reason to believe would affect my ability to participate in this competition. That I have completed a medical questionnaire form (as requested during your licence application) and that I will inform the MC Federation should my medical status have changed. As a participant I may be exposed to the risk inherent in motor sport and that I am prepared to take such risks. I further agree that I shall not seek to claim against MC Federation, the organisers, their officials, the land owners, the promoter or other bodies or individuals connected with the event(s) in respect of any damage to my property howsoever caused, and whether by negligence or breach of statutory duty of the said bodies or persons. MC Federation do not provide personal accident insurance.

Signed by rider;	Date;
Signed by parent/guardian; (for riders under 18yrs)	Date;

Please print name of parent/guardian (Block Capitals);

Please send your entry with SAE and full payment made payable to 'ATE Ltd' and sent to:

**Gaynor Nash, 'DTX', 74 ROMAN WAY, ANDOVER, HANTS SP10 5JJ**

Entries Close: 7<sup>th</sup> FEBRUARY or when or when full if prior to that date

**THIS FORM MUST BE COMPLETED BY ALL COMPETITORS  
UNLESS HOLDERS OF AN MCF LICENCE**

**SECTION 2 – ONE EVENT LICENCE v2**

Please answer all of the following 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.

<b>Have you ever suffered from or are you currently suffering from any of the following illnesses or conditions:</b>			
1) Epilepsy, fits, blackouts or any condition which may cause loss of consciousness?	Yes		No
2) Any condition that 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 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 involving your heart or main blood vessels or any high blood pressure?	Yes		No
8) Any kind of tumour or cancer?	Yes		No
9) Diabetes? If 'Yes' please state whether treated by diet, tablets or insulin?	Yes		No
10) Any psychiatric or emotional illness or any alcohol/drug/substance misuse?	Yes		No
11) Any condition affecting your vision or eyes, including colour blindness?	Yes		No
12) Are you taking any medication?	Yes		No
(Include all tablets, medicines etc. whether prescribed or bought over the counter.)			
Info:			

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

- The answers given by me in this License application are true.
- I fully understand the type of the events which the License allows me to enter and the rules and regulations that apply to such events and to competitors and will comply with them.
- 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.
- 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).
- I will NOT enter or take part in any competition where I have a doubt as to my safety.
- 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.
- 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.
- If under the age of 18, my parent / guardian has read the above and signed the declaration and agreement below.

Rider Signature ..... Date of birth\*..... *Without a SIGNATURE your entry will not be accepted*

In case of Emergency Contact, Name; ..... Number; .....

Signature of parent or person with parental responsibility for Rider.....Print Name.....

**CHEQUES MADE PAYABLE TO:- 'ALL TERRAIN EVENTS'**

Please return your completed entry form, payment and SAE to;

**Gaynor Nash, 'DTX', 74 Roman Way, Andover, Hants SP10 5JJ**

*UNLESS OTHERWISE NOTIFIED BY THE ORGANISER, THIS EVENT IS AUTHORISED BY THE MCFederation  
AND THEREFORE EXEMPT FROM THE ROAD TRAFFIC ACT 1988 SECTIONS 1,2 & 3 (AS AMENDED BY THE  
ROAD TRAFFIC ACT 1991/95) SECTION 13A*