



YOU SHOULD READ AND UNDERSTAND THE ENCLOSED NOTES BEFORE FILLING IN THIS FORM

2012 BSMA COMPETITION LICENCE

If you have any questions regarding this form Contact the BSMA on 0845 6016251

If this is your first Application

Affix your photo here

Please write your name and date of birth on the reverse of your photo

Please enter your title, Name, Home Address, and postcode in this box USING BLOCK CAPITAL LETTERS

LICENCE NO

FOR BSMA OFFICE USE ONLY

Licence fee	Other	CHEQUE	P.O
		CASH	CARD

If you have held a competition licence with any other organisation other than the BSMA, please state which organisation:

Email Address:

Date of Birth:

Work Phone Number:

Home Phone Number:

Mobile Phone Number:

Nationality:

SECTION 1- CATEGORIES OF LICENCE YOU NEED-You must complete this section

- All Licences run from January to 31st December 2012.
- Age groups as at 1st January 2012

		Annual renewal fee	TICK
Youth MX Automatic class (50cc)	6 - 8 yrs	£25	<input type="checkbox"/>
Youth MX Junior (65cc)	7-10 yrs	£40	<input type="checkbox"/>
Youth MX Small Wheel 85cc	9 -12 yrs	£40	<input type="checkbox"/>
Youth MX Inter open (BW85cc)	11-15 yrs	£40	<input type="checkbox"/>
Youth MX Senior (125cc/144/250fcc)	14-17 yrs	£40	<input type="checkbox"/>
Adult MX (125cc/144/250fcc)	16 yrs +	£40	<input type="checkbox"/>
Adult Open MX (no restriction on engine size)	16 yrs +	£40	<input type="checkbox"/>

LICENCING CLUB PLEASE STATE WHICH CLUB YOU WISH TO HOLD YOUR LICENCE WITH

CLUB

Membership No:

SECTION 2 - PAYMENT -YOU MUST COMPLETE THIS SECTION

If you are paying by cheque, Please write the full name of all licence applicants you are paying for and their licence numbers, on the reverse of the cheque

I am paying by - Cheque or postal order made payable to BSMA Ltd if youth or AMX Ltd if Adult		AMOUNT PAID £-----
CARD NUMBER	<input style="width: 320px;" type="text"/>	
EXPIRY DATE	<input style="width: 140px;" type="text"/>	ISSUE NO <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> Start Date <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/>
Last 3 digits security	<input style="width: 140px;" type="text"/>	Cardholders Name <input style="width: 360px;" type="text"/>
Cardholders signature	<input style="width: 370px;" type="text"/>	

SECTION 3 - MEDICAL INFORMATION -YOU 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 in the space provided at the end of this section. These 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?..... | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. Any condition which might cause dizziness, vertigo or loss of balance? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. Have you been unconscious because of a head injury or suffered from concussion? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. Any mental or brain disorder such as a stroke, MS or Motor Neurone disease? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5. Any loss of strength, feeling, control or movement of any of your limbs, head or neck? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 6. Amputation of any part of your limbs with or without an artificial replacement? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 7. Any condition or operation (including spleen removal) involving your heart or main blood vessels or high blood pressure? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 8. Any kind of tumour or cancer? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 9. Any psychiatric or emotional illness or any alcohol/drug/substance misuse?..... | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 10. Any condition affecting your vision or eyes, including colour blindness?..... | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 11. Diabetes? If 'Yes' please state whether treated by diet, tablets or insulin? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

If 'Yes' then section 4 – Eyesight Report and section 5 – Medical Report, must also be completed.

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| 12. Are you taking any medication? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|--|-----|--------------------------|----|--------------------------|
- (include all tablets, medicines etc. whether prescribed or bought over the counter)

Please use this space to give further details if you have answered 'Yes' to any of the questions in Section 3:

If you are being treated for diabetes (including controlled by diet) then complete sections 4 and 5. If not then go to section 6

SECTION 4 - EYESIGHT REPORT -

To your doctor or optician

Please read these notes before filling in this section for the applicant whose name is on the front of this form.

The minimum corrected visual acuity must be 6/6 with both eyes open together. The minimum binocular field should measure at least 120 degrees along the horizontal meridian with no defects within the central 20 degrees. This should be a simple confrontation visual field examination rather than automated perimetry testing. The applicant, for any event except Trials, must have normal colour vision in that they can distinguish the primary colours red and green.

- | | | | | | | |
|--|-----------|---------------------------------|------------|---------------------------------|------------|---------------------------------|
| 1. Unaided vision: | Left eye: | <input type="text" value="6/"/> | Right eye: | <input type="text" value="6/"/> | Binocular: | <input type="text" value="6/"/> |
| 2. Corrected vision: | Left eye: | <input type="text" value="6/"/> | Right eye: | <input type="text" value="6/"/> | Binocular: | <input type="text" value="6/"/> |
| 3. Is the applicant's colour vision normal? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | | |
| 4. Does the binocular field of vision comply with the above? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | | |

Please use this space to give further details: Name and address of optician/doctor (please use official stamp)

Name and address of optician/doctor
(please use official stamp)

Applicant's name:

Signature of optician/doctor:

DATE:

SECTION 5 - MEDICAL REPORT -

To your doctor

Please read these guidance notes before filling in this section for the applicant whose name is on the front of this form.

The person to be examined is applying for a licence to compete in motorcycle sport events. Particular care should be taken to ensure that the applicant does not suffer from any condition which might result in sudden loss of control of his/her motorcycle thus endangering other riders, officials and spectators. The controls of a motorcycle normally require the use of all four limbs. The applicant must be able to control his/her motorcycle under fierce acceleration and braking forces. Competition places both physical and mental demands on the rider.

Limbs: The applicant should have sufficient power, co-ordination and sensation in his/her limbs to maintain full control of his/her machine.

An applicant with an organic or functional loss of a limb or part of a limb may be referred to the BSMA Management and be subject to "on track" assessment.

Deafness: A licence can be issued to an applicant with impaired hearing, but not to an applicant with a disturbance of balance.

Diabetes: A well controlled diabetic who is not subject to hypoglycaemic or hyperglycaemic attacks may be passed as fit to compete providing they can supply evidence from a diabetologist that they have no neuropathic complications nor any ophthalmoscopic evidence of vascular complications. If access to a diabetologist is difficult then the GP/examining doctor must pay particular attention to these points during the examination.

Cardio-vascular system: In general, a heart attack or serious cardio-vascular disease would normally exclude a rider from speed events. Special attention should be paid to blood pressure and cardiac rhythm disorders. In such cases a certificate from a cardiologist including the results of any test the cardiologist considers necessary, must be submitted with this Medical Report form. Any rider applying for an International licence and over the age of 50 years must have an exercise tolerance electrocardiogram performed, and the result must be favourable.

Neurological and psychiatric disorders: In general applicants with a serious neurological or psychiatric disorder will not be granted a licence. Fits or unexplained loss of consciousness: A licence will not be issued if the applicant is an epileptic, has suffered a single epileptic fit or has suffered an unexplained loss of consciousness.

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| 1. Are you the applicant's regular medical attendant? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. Does the applicant have epilepsy, diabetes or any condition which may cause loss of consciousness? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. Does the applicant have any condition which may cause sudden loss of balance or co-ordination? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. Is there evidence of any progressive neurological disorder? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5. Are there any signs of neoplasm which may be liable to metastasise? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 6. Is there any evidence of any disease or condition affecting the eyes or ears? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 7. Is there any abnormality of power, sensation, co-ordination or movement in any limb? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 8. Are any limbs or parts of limbs missing? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 9. Is there any abnormality of the heart? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 10. Does the applicant have hypertension? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 11. If the applicant has insulin dependent diabetes are there any signs of neuropathy, retinopathy or other complications?..... | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 12. If the applicant has insulin dependent diabetes are they subject to episodes of hypoglycaemia or hyperglycaemia?..... | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 13. Is the applicant suffering from any psychiatric illness? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 14. Is the applicant dependent on alcohol, drugs or other substances? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 15. Is the applicant taking medication? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

If 'yes' please give full details in the space below

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| 16. Is the applicant medically fit to hold a competition licence and to participate in motorcycle sport? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 17. I am unsure of the applicant's fitness and wish to refer him / her to the BSMA Management committee. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Please use this space to give further details

Practice stamp
(include name
and qualifications)

Applicant's name:

Date of birth:

Signature of doctor:

DATE:

***BSMA CLUB MEMBERSHIP (APPLICABLE TO ALL APPLICANTS).**

I am /my child is a current member of the BSMA affiliated club stated below:

Please do not send this form into us unless you have acquired your unique club membership code

Name of club:

Unique Club Membership code
issued by club:

Club Officials Signature:

Position:

Date:.....

Section 6 - Indemnity

PLEASE READ ALL THE FOLLOWING AND SIGN BELOW

Recital

Whereas:

I. In and by this agreement and in any event the Rider warrants that:

1.1 insofar as may be necessary and appropriate, the Rider is aware of the contents of this Agreement and all documents referred to herein;

1.2 the Rider is unaware of any mental or physical impediment which would prejudice him/her in any activity licensed by the AMX;

1.3 the Rider has read all of the AMX Rules relating to the AMX, discipline, competitions and competence which are set out in the booklet entitled AMX Competition Rules and Disciplinary Code ("the AMX Rules");

1.4 the Rider is eligible and competent (within the meaning of the AMX Rules and all annexes thereto) to compete in all and any Events organised in the next year by the AMX and/or any AMX Member within the meaning of the AMX Rules ("the Event");

1.5 the Rider has a current, valid AMX licence;

1.6 The Agent is aware of the AMX's supervisory function at the Event and of its disciplinary powers.

2. Save as expressly agreed to the contrary in the terms of this Agreement namely clauses 2, 12.2, 13 and 15 below, the AMX makes this agreement as agent for and for the benefit of its Members, its and their servants and agents. Therefore, save in clauses 2, 12.2, servants and agents.

3. Events during the year will be held under the supervision of the AMX. Therefore a licence is necessary to compete in those Events.

4. The Rider is aware that:

4.1 but for the provisions of this Agreement, the fee payable for granting a Licence would be £1000;

4.2 this Agreement does not constitute a standard agreement and, if necessary, the terms of this agreement are susceptible to negotiation

4.3 The Agreement is necessary to allow the AMX to carry out its functions and to ensure that all Riders comply with the safety requirements and rules laid down by the AMX, the AMX Members and/or their servants or agents.

5. References in this agreement to the singular shall connote the plural and to the masculine shall connote the feminine.

It is agreed that:

I. On payment of the licence fee of £_____ by the Rider and in consideration of the warranties set out above and the terms set out person or persons other than the Rider and for whom the Rider assumes responsibility ("the Associate").

2. At all times the only duty which the AMX itself as Principal owes or shall owe to the Rider is;

2.1 to ensure that all courses at all events comply with the minimum standards laid down in the AMX Rules;

2.2 to exercise reasonable skill and care in selecting the Scrutineer and Clerk of the Course.

3. The Rider shall operate as a Marshall or provide an Associate to act as a Marshall when and if required to do so by the AMX.

4. The Rider shall notify the AMX if and when the Rider develops or becomes subject to any mental or physical impediment which would prejudice him/her in any activity licensed by the AMX.

5. The Rider shall walk the entirety of all and any tracks on which the Rider is to ride at all and any Events in which the Rider will compete. The Rider shall further ensure that he is capable, competent and fit at that time to compete on that circuit without causing injury, loss or damage to himself or any other person or property.

6. the Rider agrees that:

6.1. the Rider will take all steps to ensure that he has full knowledge of the nature of any track on which he proposes to ride and all and any difficulties which might arise in the riding or completion of that track;

6.2 the Rider will only compete once he possesses said full knowledge;

6.3 the Rider will compete only in the knowledge that the risks associated with competing will be borne by him;

6.4 in so riding the track, the Rider knows and accepts that he or she is assuming all risks associated therewith and will therefore assume all risks associated therewith;

6.5 the Rider enters this Agreement as agent for and is responsible for all and any Associates attending an Event with him.

7. The Agent and the Rider shall abide by the AMX Rules at all times and shall ensure that the Associates also abide by the AMX Rules at all times.

8. At all Events which the Rider and/or his Associate attends, the Rider and/or Associate shall abide by all instructions given by a Marshall, Steward, Clerk of the Court, Scrutineer, servant or agent of the AMX or AMX Member ("the Officials").

9. Where, in the opinion of the AMX, the Rider or Associate breaches any of the AMX Rules or does not comply with any instruction given by the Officials, the AMX, at its own discretion, may reduce the number of any points awarded to a Rider and/or exclude the Associate and/or Rider from further participation in any Event.

10. In the event of exclusion as set out above, the Entry fee paid by the Agent on behalf of the Rider shall be forfeit.

11. Where, in the opinion of the AMX, the Associate and/or Rider breaches any of the AMX Rules or does not comply with

any instruction given by the Officials, the AMX may, at its own discretion, discipline the Associate and/or Rider in accordance with the appropriate Rules.

12. The Rider accepts that in competing in Events the Rider will be engaged in a hazardous activity which can cause death or personal injury both to the Rider and others. In those circumstances;

12.1 the Rider agrees that the Rider freely accepts now and in the future and at all material times all risk of death or personal injury occurring in the course of that hazardous activity;

12.2 the Rider accepts now and in the future at all material times that the AMX itself as Principal does not and will not owe the Rider or Associate a duty of care other than that laid down by statute or as provided for by this Agreement.

13. The Rider agrees to waive any right of action which he might have against the AMX itself as Principal and/or hereby exempt the AMX itself as Principal from any liability in respect of any loss or damage save where said right of action and/or loss and damage accrues from the actual negligence of the AMX itself as Principal in performance of the duties set out at clause 2 above.

14. For the avoidance of doubt, the Rider does not hereby waive any right of action that he may have against independent contractors of the AMX or as against AMX Members.

15. The Rider for the period of this agreement agrees to indemnify the AMX in respect of all injury loss and damage caused to the Rider and/or any property of the Rider howsoever caused.

16. The Rider agrees that he is and will be liable for any injury, loss or damage caused by him or any Associate connected with him or attending the event with him, their servants or agents to any other persons or property and agree to indemnify the AMX in respect of the same.

17. The Rider and associate will abide by any decision reached by the Disciplinary Committee and/or the Executive Committee of the AMX in accordance with the AMX Rules.

18. The Rider as principal and as agent for all and any associates connected with him or attending an event with him agrees to waive and does hereby waive any right of action which they might have against the AMX in respect of all and any decision so reached in accordance with the AMX Rules.

Signature of Rider:

Date:.....