



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: 370px;" 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:

1. The Agent as Principal and not agent for the Rider warrants that:
 - 1.1. he/she is the mother/father/legal guardian of the rider named on this form
 - 1.2. insofar as may be necessary the Agent is authorised to agree to this agreement on behalf of the Rider;
 - 1.3. insofar as may be necessary and appropriate, the Agent has informed the Rider of the contents of this agreement and all documents referred to herein;
 - 1.4. the Agent is unaware of any mental or physical impediment which would prejudice him/her in any activity licensed by the BSMA;
 - 1.5. the Agent has read all of the BSMA Rules relating to the BSMA, discipline, competitions and competence which are set out in the Booklet entitled BSMA Competition Rules and Disciplinary Code ("the BSMA Rules");
 - 1.6. the Rider is eligible and competent (within the meaning of the BSMA Rules and all annexes thereto) to compete in all and any Events organised in the next year by the BSMA and/or any BSMA Member within the meaning of the BSMA Rules ("the Event");
 - 1.7. the Rider has a current, valid BSMA licence;
 - 1.8. the Agent is aware of the BSMA'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 BSMA 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, 13 and 15 below, reference to the BSMA shall incorporate reference to the BSMA Members and its and their servants and agents.
3. Events during the year will be held under the supervision of the BSMA. Therefore a licence is necessary to compete in those Events.
4. The Agent is aware that but for the provisions of this Agreement, the fee payable for granting a Licence would be £1000.

it is agreed that:

1. On payment of the licence fee of £ _____ by the Agent on behalf of the Rider and in consideration of the warranties set out above and the terms set out herein, the BSMA grants the Rider a Competition Licence permitting the Rider to take part in and to compete in Events during the BSMA's present term as defined in the
2. At all times the only duty which the BSMA itself as Principal owes or shall owe to the Agent and/or Rider is:
 - 2.1. to ensure all courses at all events comply with the minimum standards laid down in the BSMA Rules;
 - 2.2. to exercise reasonable skill and care in selecting the Scrutineer and Clerk of the Course.
3. The Agent shall operate as a Marshal when and if required to do so by the BSMA.
4. The Agent shall notify the BSMA 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 BSMA.
5. The Agent, both as Principal and as agent for the Rider, shall, together with the Rider, walk the entirety of the track on which the Rider will compete at all Events in which the Rider will compete and shall ensure that he is completely satisfied that the Rider is fit and competent at that time to compete on that circuit without causing injury, loss or damage to himself or any other person or property.
6. The agent both as Principal and agent for the Rider at all Events shall explain the nature and difficulties of the track to the Rider and shall ensure that:
 - 6.1. the Rider has full knowledge of said nature and difficulties;
 - 6.2. the Rider will only compete possessing said full knowledge;
 - 6.3. the Rider will compete only in the knowledge that the risks associated with competing will be borne by him or her;
 - 6.4. in so riding the track, the Rider will know that he or she is assuming all risks associated therewith and will therefore assume all risks associated therewith.
7. The Agent and the Rider shall abide by the BSMA Rules at all times.
8. At all Events which the Agent and/or Rider attends, the Agent and/or Rider shall abide by all instructions given by a Marshal, Steward, Clerk of the Course, Scrutineer, servant or agent of the BSMA or BSMA Member ("the Officials")
9. Where, in the opinion of the BSMA, the Agent and/or Rider breaches any of the BSMA Rules or does

not comply with any instruction given by the Officials, the BSMA, at its own discretion, may reduce the number of any points awarded to a Rider and/or exclude the Agent 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 BSMA, the Agent and/or Rider breaches any of the BSMA Rules or does not comply with any instruction given by the Officials, the BSMA may, at its own discretion, discipline the Agent and/or Rider in accordance with the appropriate Rules.

12. The Agent and Rider accept that the Rider in competing in Events 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 Agent and Rider agree 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 Agent and Rider accept now and in the future at all material times that the BSMA itself as Principal does not and will not owe the Agent and Rider a duty of care other than that laid down by statute or as provided for by this Agreement.

13. The Agent and Rider agree to waive any right of action which they might have against the BSMA itself as Principal and/or hereby exempt the BSMA 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 BSMA itself as Principal in performance of the duties set out at clause 2 above.

14. For the avoidance of doubt, the Agent and Rider do not hereby waive any right of action that they may have against independent contractors of the BSMA or as against BSMA Members.

15. The Agent as principal and not as agent for the Rider for the period of this agreement agrees to indemnify the BSMA in respect of all injury, loss and damage caused to the Rider and/or any property of the Rider howsoever caused.

16. The Agent and Rider agree that they are and will be liable for any injury, loss and damage caused by either or both them, their servants or agents to any other persons or property and agree to indemnify the BSMA in respect of the same.

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

18. The Agent and Rider agree to waive any right of action which they might have against the BSMA in respect of all and any decision so reached in accordance with the BSMA Rules.

Signature of Parent/Guardian:

Date:.....