

AUTO 66 BARRY SHEENE RACE FESTIVAL

OLIVER'S MOUNT 24th JUNE 2012

Received		
S2P	E	NO
	M	

COURSE CERTIFICATE NO: TCL31

PARADE ENTRY FORM

PERMIT NO: ACU 34019

This event is held under the National Sporting Code of the Auto Cycle Union, the Standing Regulations, Supplementary Regulations and any Final Instructions issued for the meeting. The ACU National Sporting Code and Standing Regulations are published annually in the ACU Handbook

Entry declaration: I / we the undersigned apply to enter the event described above and in consideration thereof:-

- I / we hereby declare that I have had the opportunity to read, and that I understand the National Sporting Code of the ACU, the ACU Standing Regulations, such Supplementary Regulations as have or may be issued for the event, and agree to be bound by them.
- I / we further declare that I am physically and mentally fit to take part in the event and I am competent to do so.
- I / we confirm that I understand the nature and type of event I am entering and its inherent risks and agree to accept the same notwithstanding that such risks may involve negligence on the part of the organisers or officials.
- I / we confirm that the machine(s) as described below which I compete on shall be suitable and proper for the purpose.
- I / we confirm that I / we are eligible to compete on the machine for which I / we have entered.
- I / we confirm that if any part of the event takes place on a public highway, the machine(s) described below shall be insured as required by the Road Traffic Acts, or equivalent legislation, and that it/they will comply with the regulations in respect thereof.
- I / we confirm that I / we are not suspended from competition in ACU permitted events.
- I / we enclose the entry fee of £.....

Acknowledgement of the risks of motorsport: I understand that by taking part in this event I am exposed to a risk of death, becoming permanently disabled or suffering some other serious injury and I acknowledge that even in the event that negligence on the part of the ACU, the promoter, the organising club, the venue owner, or any individual carrying out duties on their behalf were to be a contributory cause of any serious injury I may suffer, the dominant cause of any serious injury will always be my voluntary decision to take part in a high risk activity.

I have read the above and acknowledge that my participation in motorsport is entirely at my own risk.

Rider's Signature..... Date

If under 18 state date of birth: Signature of Parent or Legal Guardian.....

Passenger's Signature (if applicable) Date

If under 18 state date of birth: Signature of Parent or Legal Guardian.....

Riders and Passengers under 18 years of age must also complete a 'Parental Agreement' form in addition to this entry form.

Licensed Entrant's Signature (if different from Rider)..... Date.....

Extract from NSC Mutual Responsibility of Entrant and Rider:

An Entrant shall be responsible for all acts or omissions on the part of his riders, passengers, mechanics or any member of his entourage, but each of these shall be equally responsible for any infringement of the ACU National Sporting Code.

RIDER (Please print ALL details clearly in CAPITALS)	PASSENGER
Christian Name.....	Christian Name.....
Surname.....	Surname.....
Address.....	Address.....
Postcode..... Tel.....	Postcode..... Tel.....
Competition Licence No.....	Competition Licence No.....

1 st MACHINE	2 nd MACHINE
MAKE.....YEAR.....	MAKE.....YEAR.....
MODEL.....Capacity.....cc	MODEL.....Capacity.....cc

ENTRANT (if different from Rider) See extract from NSC above

Company/Name..... Address.....

Entrant's Licence No:

PARADE MEDICAL DECLARATION

All parade riders are required to complete this medical self-declaration. The information will be treated as confidential and will be available only to Auto 66 officials, the ACU and Doctors and Officials at the meeting.

Please answer all of the questions truthfully. False declarations may have serious consequences. If you answer 'Yes' to any of the questions in this declaration please provide full details in the space provided. 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 suffered from or are you currently suffering from any of the following illnesses or conditions. S2P

		✓		✓	Please use this space to give more details
1	Epilepsy, fits, blackouts or any condition which may cause loss of consciousness?	Yes	No		
2	Any condition which 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 progressive neurological disorder such as MS or Motor Neurone disease?	Yes	No		
5	Have you ever had a stroke of any kind?	Yes	No		
6	Loss of strength, loss of feeling, loss of control or loss of movement of any of your limbs, head and neck?	Yes	No		
7	Amputation of any of your limbs?	Yes	No		
8	Do you have any artificial limbs?	Yes	No		
9	Any condition affecting your heart?	Yes	No		
10	Any surgical operation for a heart condition? (e.g. bypass, angioplasty, pacemaker fitted)	Yes	No		
11	Any kind of tumour or cancer	Yes	No		
12	Any condition affecting the main arteries? (e.g. bypass, grafts, aortic aneurysm)	Yes	No		
13	Diabetes? Please state whether treated by diet, tablets or insulin	Yes	No		
14	Any psychiatric or emotional illness?	Yes	No		
15	Hypertension? (High blood pressure)	Yes	No		
16	Any condition affecting your vision or eyes?	Yes	No		
17	Alcohol, drug or any substance misuse	Yes	No		
18	Are you taking any medication? (include tablets, medicines, etc. whether prescribed or bought over the counter)	Yes	No		

Continue on separate sheet if required.

I declare that the answers I have given are true and complete. I give my permission for the ACU to obtain any information about my medical history from any medical practitioner I have consulted. I give consent to any necessary information concerning an injury at an event being given by the attending doctor to the Clerk of the Course of the event and also my own doctor and relatives. The doctor may also give information to other persons if authorised to do so by me personally, according to the doctor's own professional ethical code.

Name of Rider..... Signature of Rider.....
(IN BLOCK LETTERS)

Date.....

Entry Fee£70.00
(50% may be deducted if entered in a race class)

CREDIT/DEBIT CARD SURCHARGE FEE £4
if you wish to pay by Credit or Debit Card

If you wish to pay by Credit or Debit Card
Please fill in the details opposite

ISSUE DATE.....

MAESTRO CARD ISSUE NO.....

EXPIRY DATE.....

SECURITY #.....

Name & Initial.....

SIGNATURE..... DATE.....

ENTRIES CLOSE 25th May 2012

Cheques (with Cheque card number on back) to be made payable to AUTO 66 and sent with Entry Form and a STAMPED ADDRESSED ENVELOPE FOR EACH FORM to: Auto 66. The Circuit Office, Oliver's Mount, Scarborough, N Yorks. YO11 2YW