

Motor Cycling Ireland

Unit 18, BEAT Centre, Stephenstown Industrial Estate,
Balbriggan, Co Dublin.

When returning completed form please mark for the
attention of David Murphy on the envelope



Motor Cycling Ireland

INCORPORATING MCUI SOUTHERN CENTRE LTD.

Application for **JUNIOR** Competition Licence **2010**

Affiliated Club:

Applicant's Name:
 (Please Print) Used First Names Surname

Address:

Email Address:..... Telephone Number Land line no

Date of Birth:

Age on 1st January 2010 Years..... Months.....

A Birth Certificate is required for every licence application(Clear Photo Copy)

LICENCE FEES

Moto-X /GT	€15.00	
Trials Only	€15.00	

Renewal First Time Application
 Previous Licence to be Attached

1 RECENT
 PASSPORT
 PHOTOGRAPHS
MUST BE
 INCLUDED WITH
 THIS
 APPLICATION

MOTOCROSS / GRASS TRACK CLASS'S (Age on 1st January)

Auto 50cc (6 – 7 YEARS)		Junior 65cc (6 –10 YEARS)	
Small Wheel 85cc (150 F) (9–12 YEARS)			
Big Wheel 85cc (150 F) (11-15 YEARS)		QUADS	
125c.c.(2T) (14 –18 YEARS)			
150c.c.) 2T/250c.c. F (14 –18 YEARS)			

DECLARATION

I declare that the information I have given is true and correct. I agree to abide by the Rules and Regulations of the Motorcycling Ireland (Southern Centre) Ltd and any additional Rules and Regulations, which may subsequently be introduced.

Signature of Applicant: Date:

Signature of Parent: Date:
 or Legal Guardian

CLUB MEMBERSHIP VERIFICATION

I verify that the APPLICANT on this LICENCE FORM is a member of the

..... Club

Signed: Date:
 Signed by Club Secretary, Treasurer of Appointer Retailer

Motor Cycling Ireland, Unit 18, BEAT Centre, Stephenstown Industrial Estate, Balbriggan, Co. Dublin, Ireland.

Phone: + 353 1 8415086 • Fax: + 353 1 8415093 • Website: www.motorcycling-ireland.com

Registered in Ireland Reg. No. 98070



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INCORPORATING MCUI SOUTHERN CENTRE 2010

PARENTAL OR GUARDIAN AGREEMENT FORM

For every rider who is under 18 years of age a Parental or Guardian Agreement Form must be submitted with every Licence Application Form

Rider

Surname: First Name(s):

Address:

Telephone: Date of Birth:

All events are held under the General Competition Rules and Standing Regulations for Championships of the Motor Cycle Union of Ireland Southern Centre Ltd and any final instructions which have been or may be issued

DECLARATION: I the parent or legal guardian of *Childs Name*

Hereinafter referred to as (my/our child) accept that my/our child may participate in motocross or grasstrack racing: I declare as follows.

1. That I am/we are familiar with the nature of the competition and the risk inherent therein and that other than where not provided for by the nature of the event, my/our child will have the opportunity to inspect the course/track. Circuit and its facilities not less than 30 minutes prior to commencement, of practice or event which ever occurs first.
2. I am/we are satisfied and consent that my/our child be allowed to participate as a competitor and that he she is competent to do so.
3. In consideration of the organisers allowing my/our child to compete I hereby agree to undertake to Indemnify the Motor Cycle Union of Ireland Southern centre, the clubs, the organisers, their servants or agents, officials and the promoter or any other bodies individuals connected with the event in respect of any claim by my/our child in respect of injury or any damage to my property howsoever caused, and including limitation their negligence and/or breach of statutory duty arising from my/our child's participation in the competition.
4. My/our child does not suffer from any physical or mental disability, which would make it unsafe for him/her to participate as a competitor.
5. I/we confirm that I/we has had the opportunity to read, and that I/we consequently understand the general competition rules of the Motor Cycle Union of Ireland, Southern Centre Ltd, the Standing Regulations, supplementary Regulations and any final instructions subsequently issued and Entry Forms applicable to the event, and that is my/our responsibility to ensure that my/our child understands them and that he/she will comply with them.
6. To the best of my/our belief my/our child possesses the standard of competence necessary for an event of this type to which his/her entry relates and that the machine entered will be suitable, safe and will comply with the Regulations for those events.
7. JUNIOR Quads: I/we are aware of the Manufacturers recommended age restrictions issued with the Quads but agree to ride under the ages laid out for racing under controlled racing rules of the Motor Cycle Union of Ireland, Southern Centre Ltd.
8. While full face helmets are not advisable under the age of twelve, they may be worn at riders own risk.

Signatures) of Parents(s) or LEGAL Guardians:

Address if different from that above:

Club Witness (please print) Signature:

Date:



Parental Declaration Form

1. I will respect the rules and Procedures set down in Motorcycling Ireland's Code of Practice for children in Sport.
2. I will respect my child's team mates, officials, coaches, other parents as well as riders
3. I will give encouragement and applaud only positive accomplishment whether from my child, his/her team, their opponents or the officials.
4. I will respect the officials and their authority during events.
5. I will never demonstrate threatening or abusive behaviour or foul language.
6. I will encourage my child to treat other participants, officials, coaches and clubs with respect.

Name: Signature:

Date:

MOTOR CYCLING IRELAND -MEDICAL CERTIFICATE

ALL SECTIONS MUST BE COMPLETED BY THE APPLICANT / PARENT / GUARDIAN

PERSONAL DETAILS

Name:..... First Name:..... Birth Date:.....

Address:.....

Sex: Male Female National Federation.....

... Epilepsy or convulsions

... Mental or nervous disorder

... Trouble with arms-or legs incl. muscle
... cramp or joint stiffness

... Blood disorder with tendency to bleeding

... Operations

... Do you take regularly medicine or drugs?

... Other illnesses

Medical History (to be completed by applicant or responsible parent or guardian if applicant is a minor):

NO	YES	DETAILS
... Loss of, consciousness for any reason, ... dizziness or headache
... Eye trouble (except glasses)
... Asthma
... Allergy to medicines or drugs
... Diabetes
... Heart Trouble
... Blood pressure disorder
... Stomach trouble (ulster, etc.)
... Uro-genital trouble

a) I have not been banned! on medical grounds, from taking part in any other sport.

b) I do not take drugs and do not abuse alcohol.

c) In case of emergency, I authorise any qualified person to administer the necessary treatment, medical and or surgical, including the administration of blood or blood products. I also agree to information concerning my medical condition being given by the Doctor in Charge to the Clerk of the Course, and to my own doctor and relatives.

d) I declare that the information that I have given is the truth.

e) I agree to the information on the Medical Examination Form being sent to the doctor of my FMN.

Signature of applicant (or responsible Parent or Guardian if a minor)

.....

Date:

MEDICAL EXAMINATION

TO BE COMPLETED BY THE EXAMINING DOCTOR

	<input type="checkbox"/> NORMAL	ABNORMAL	DETAILS (if abnormal)
Cardio-vascular system:
Blood Pressure:
Pulse:
Respiratory system:
Head
Peripheral
Ear, nose and throat, in particular vestibulo-coclear apparatus:			
right
left
Locomotor system:			
Arm			
right
left
Leg			
right
left
Spine
Abdomen (hernia)

Eyes:

 Distant vision

 right

 left without correction

 right

 left with correction (if worn)

Urine:

 Albumen

 Glucose

Any long term medication

Any other comment:

I, the undersigned, certify that this person is fit to take part in motorcycle events.

I, the undersigned, certify that this person is NOT FIT to take part in motorcycle events.

I recommend that this person be examined by a member of the Medical Committee of the M.C.I. or doctor appointed by the M.C.I.
(Tick which box applicable)

Date of examination:

Signature and STAMP of Doctor:

In the event of any queries please contact Dr. A. Murray C.M.O., Motor Cycling Ireland.



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INCORPORATING MCUI SOUTHERN CENTRE

NOTES FOR GUIDANCE OF THE APPLICANT

Licences will be issues as follows:

All applicants must be a current member of as dated club of the Motor Cycle Union of Ireland,

This Application should be completed by the Parents or Legal Guardian in the presence of the applicants Club secretary, treasurer, membership secretary or an officer of Motor Cycling Ireland. This must be done to insure that the application is correctly filled in. If there are any errors in the application the form *will be returned to the applicants parent for correction and applicant will not be allowed to compete in events,*

Should you have a query with your application ask your club Secretary or Treasurer for assistance. They should know the answer. Only contact the the registrar if they are not available between the hours of 09.00 hrs and 17.00 hrs Monday to Friday. No phone calls taken at weekends and bank holidays.

Allow a minimum of 2 weeks for application to be processed.

MEDICAL CERTIFICATE

Page 4 :The top half must be completad by the parent each year for riders in all disciplins. Should a licence holder change medication etc during the year they must notify Motorcycling Ireland of this in writing by updating page 4 this form. This is to ensure that World Anti Doping Agency and Irish Sports Council regulations ane complied with.

The bottom half must be completed by the riders's doctor for the disciplines of Moto Cross and Grass Tracks each year.

Check list

1. Photo Copy of birth certificate. If you send an original it will not be returned
2. Cheque or postal order for € 15.00. Do not send cash in post.
3. Applications to be sent to Motorcycling Ireland's address below only.
4. Pages 1 to 4 must be fully completed. Incorrect applications will be returned to the parent.
5. Stamped addressed envelope with Parents name and address. Do not expect a licence card if envelope is not enclosed.
6. 1 Passport size photo with name written on the back. P.s. Full face only; No caps or helmets etc on photo.

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