



MotorCycling Ireland

Motorcycle Union of Ireland (Southern Centre) Ltd

t/a

Motorcycling Ireland Ltd

Unit 18 the Beat Centre, Balbriggan Co Dublin

Phone: 01 8020480

Email: nikki@motorcycling-ireland.com Website: www.motorcycling-ireland.com

Registered in Ireland Reg no: 98070

Application for **ADULT AND JUNIOR** Competition Licence 2018

PLEASE RETURN YOUR OLD LICENCE WITH THIS APPLICATION

PLEASE NOTE THE TOP HALF OF PAGE 4 MUST BE FILLED IN FOR ALL DISCIPLINES

*Forms filled out incorrectly will result in no licence being issued.

First Time Renewal Upgrade
Year of last licence held: _____

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

Address: _____

Telephone Number _____ Date of Birth: __/__/__ Email _____

Affiliated Club:

LICENCE FEES:

Type	Discipline <u>PLEASE TICK ONE</u>	Senior €80	Junior €20	<p>If it is your first license application or if there has been more than a 2-year gap between applications also if you are upgrading from junior to senior, please attach a passport photo.</p> <p>2015-2016 licence holders no photo required.</p>
A	Road Race Full A		X	
A R	Road Race Senior Support		X	
A R	Road Race Junior Support		X	
A R	Road Race Classic		X	
B	Short Circuit		X	
B N	Short Circuit Newcomer		X	
C	Motocross Class:			
C	Trials			
C	Enduro		X	

- Senior's please insert Grade (i.e.) A, B or C.
- Junior's please insert Class (i.e.) Auto 50cc, Jun 65cc etc.
- ❖ If you are a **Newcomer AR Sidecar or BN Short Circuit** you must complete an assessment day run by our Short Circuit Committee.
- ❖ If you are a **B Short Circuit rider or an A/ AR** rider who wishes to upgrade you must send in recent results to the office to be looked at by the Road Race Committee for them to make a decision.

If you made payment online, please enter your email address used here: _____

IF YOU HAVE MADE PAYMENT BY OTHER METHOD PLEASE SPECIFY HERE: _____

ALL LICENCE APPLICANTS MUST COMPLETE AN ANTI-DOPING SEMINAR

ANTI-DOPING

ANTI-DOPING SEMINAR ATTENDED _____ DATE: __/__/__

ALL APPLICANTS UNDER 18 YEARS OF AGE, The Parent or Guardian must Complete an Anti-Doping seminar with the applicant.

If you did the seminar online at <http://elearning.sportireland.ie/login/index.php> you must attach the certificate you received.

IN ADDITION A & B APPLICANTS (ONLY) MUST ATTEND A FLAG SEMINAR

Flag Seminar

FLAG SEMINAR ATTENDED _____ DATE: __/__/__

ALL APPLICANTS UNDER 18 YEARS OF AGE, The Parent or Guardian must attend a flag seminar with the applicant.

If you cannot attend a flag seminar you can do it on the Motorcycling Ireland website (<http://www.motorcycling-ireland.com/forms/Flags-Seminar.pdf>) and fill in below.

I _____ have read the flag seminar online and I understand the need for flags and the signals of the flags.

Signature: _____ Date: __/__/__

MEDICAL DECLARATION

DO YOU SUFFER FROM EPILEPSY, DIABETES, A HEART RELATED ILLNESS OR ANY OTHER ILLNESS OR DISABILITY THAT WOULD IMPAIR YOUR ABILITY TO COMPETE IN MOTORCYCLE COMPETITION EVENTS?

Please note that Motorcycling Ireland (Southern Centre) Ltd, may ask a licence holder to produce a signed Medical certificate at any time

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: __/__/__

CLUB MEMBERSHIP VERIFICATION

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

_____ Club LTD.

Signed: _____ Date: __/__/__.

Signed by Club Secretary, Treasurer

*** Please Note: if the applicant of this form is under 18 years of age a Parental Agreement Form (Page 3) must be submitted with this licence application**

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: __/__/__ Email: _____

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(s) of Parents(s) or LEGAL Guardians: _____

Address if different from that above: _____

Club Witness (please print): _____

Signature Of Club Witness: _____ 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: __/__/__

MEDICAL CERTIFICATE

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

PERSONAL DETAILS

Surname: _____ First Name: _____ Birth Date: __/__/__

Address: _____

Sex: Male Female National Federation: _____

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

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

Epilepsy or convulsions	YES/NO _____
Mental or nervous disorder	YES/NO _____
Trouble with arms-or legs incl. muscle cramp or joint stiffness	YES/NO _____
Blood disorder with tendency to bleeding	YES/NO _____
Operations	YES/NO _____
Do you take regularly medicine or drugs?	YES/NO _____
Other illnesses	YES/NO _____

- I have not been banned! on medical grounds, from taking part in any other sport.
- I do not take drugs and do not abuse alcohol.
- 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.
- I declare that the information that I have given is the truth.
- 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
(IF ALL ANSWERS ABOVE ARE NO, NO MEDICAL REQUIRED IF YES MEDICAL REQUIRED).

	NORMAL	ABNORMAL	DETAILS (if abnormal)
Cardio-vascular system:	_____	_____	_____
Blood Pressure:	_____	_____	_____
Pulse:	_____	_____	_____
Respiratory system:	_____	_____	_____
Head	_____	_____	_____
Peripheral	_____	_____	_____
Ear, nose and throat, in particular vestibulocochlear 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: _____

TYPE A - ROAD RACE (Entitles the holder to take part in any MCI / MCUI Ulster Centre events.)

Applicants must be 18 years or older

Applicant must have competed in a min of 6 Short Circuit meetings held over more than one venue and must have completed

80% of the full distance in a minimum of two finals. He/ she must have shown a general competence in his/her riding skill.

Applicants for a renewal must have attained 83% of the winner's time in his/her class in a minimum of 3 Road Races within the last 2 years.

A type A licence holder must return his/her previous licence to the licence registrar.

See further requirements in the GCRs.

All applications for a Type A licence will be subject to approval by the Road Race Committee.

All applicants must attend a Flag Seminar and Anti – Doping Educational Seminar annually (details on the website)

TYPE B - OPEN SHORT CIRCUIT (Entitles the holder take part in Short Circuit / Sprints / Hillclimb events held under the auspices of MCI or MCUI (Ulster Centre)).

- 12 years for Young Guns Challenge and Junior Cup (125cc & 305cc production based machines)
- 13 years for classes up to Moto3/125GP and Lightweight 400/450
- 15 years for classes up to 650cc single or twin cylinder production based (Production Twins /Supertwins) and 250cc Grand Prix machines subject to the following restrictions:
 - o Must have competed for at least a season on machines eligible for 13 year olds
 - o Must be approved to ride in these events by MCI Short Circuit Commission or Ulster Centre Tarmac Committee as applicable
- 15 year olds for Side Car Passengers.
- 16 year olds for classes up to Supersport and Pre-Injection
- They will be subject to approval by the Short Circuit Committee.
- All first time applicants must attend a MCI Training Seminar (details on the website.)
- All applicants must attend a Flag Seminar annually.

TYPE C MOTOCROSS, ENDURO, GRASSTRACK, TRIALS, QUADS (Entitles the holder to take part in events run under the auspices of MCI / MRA. /MCUI Ulster Centre)

Applicants must be a minimum of 16 years:

An applicant who has reached his / her 15th birthday may apply for a **TYPE C Licence** restricted to **MX2** machines in Junior and Adult events.

Type X- ONE DAY LICENCE: MOTOCROSS, GRASSTRACK, ENDURO, TRIALS, HILLCLIMBS, SPRINTS, DRAGRACE

Applicants must be a minimum of 16 years of age.

An applicant who has reached his/ her 15th birthday may apply for a **TYPE X** Licence restricted to **MX2** Machine in junior and adult events.

Minimum 18 years of age for a licence for **Hillclimb Sprints Dragrace**.

All Competitors applying for a one-day licence must complete an Anti-Doping seminar at the event or online and complete page 4 (Self Medical) of the licence application form.

The licence may be used for one specified event only.

One Day Licence can be purchased from clubs on the day of the event. One Day Licence will be available to MRA Competitors.

TYPE J: JUNIOR LICENCE (Entitles the holder to take part in Motocross, Grasstrack, or Trials run under the auspices of MC I/ MRA / MCUI (Ulster Centre).

Motorcycle/ Quad

Applicants must be 4 years of age or older, on date of application, for electric bikes in Trials.

Applicant must be 6 years or older on date of application and be under 17 on January 1st in year of application for all other eligible motorcycles/ quads.

In all cases the junior rider may ride for the entire season in the class for which his/her licence is issued even though he or she may exceed the upper age limit as a result of when his/her birthday falls.

- Only MotorCycling Ireland Annual licence holders can apply for the Benevolent Fund.

Checklist

- Form fully filled out.
- **One** box ticked for your discipline.
- **Page 2 Anti-Doping Seminar** attended or completed online, if done online the certificate must be attached. If attended seminar you must sign the sign on sheet that will be sent to the office.
- **Club membership verification** page 2 fill out and stamped on front page.
- **Medical Declaration** on page 2 signed.
- **Page 4 Medical Certificate (Self Medical)** completed by yourself.
- Photo
- Payment
- Old licence

If applicable:

- **Applied for assessment day:** If you are applying for a Newcomer Short Circuit (BN) or Newcomer Sidecar (AR) you apply for the assessment ran by the Short Circuit Committee.
- **Upgrade:** If you are looking to upgrade from Short Circuit (B) to Restricted Road Race (AR) or Restricted Road Race (AR) to Full road Race licence (A) please send in your recent results with your application.
- **Page 2 Flag Seminar:** to be filled out if applying for Road Race (A, AR) or Short Circuit (B, BN) licence.
- **Page 3 Parental or Guardian Agreement and Parental Declaration:** to be filled out if applicant is under 18.
- **Page 4 Medical Examination:** to be filled out by your doctor if yes was circled in Medical Certificate (Self Medical).