



EVENT ENTRY FORM

Club: **TMX & DBR** Event **DIRT 321**

Venue **FAT CAT MOTO PARK** Event Date **July 31st / August 1st**

Permit Number **MCF10059** Course Certificate Number

First Name Surname

Address

..... Post Code

Email Home No

Mobile No Race No (Not Guaranteed)

Make of Machine Engine Capacity (cc)

Class Entered MCF Licence No.....

Delete as appropriate: 2 Stroke / 4 Stroke MCF Licence PIN No.

Tick required classes

Motocross

Auto - **£35** 65cc - **£35** 85ccSW - **£35** 85ccBW - **£35** Rookie - **£35** Novice - **£45** Clubman - **£45** Pro - **£60**

Supercross

Auto - **£35** 65cc - **£35** 85ccSW - **£35** 85ccBW - **£35** Rookie - **£35** Clubman - **£45** Pro - **£60**

Endurocross

Clubman - **£45** Pro - **£45**

Sprint Enduro

Clubman - **£45** Pro - **£45**

4 Event Pro Entry **£180**

Transponder - **£6** One Event Licence - **£5*** Credit Card Fee - **£3** Booking Fee - **£2.50**

* Fill in section 2 on next page

Declaration

I, the undersigned, apply to enter the event described in this entry form.



In consideration of being permitted to participate in this event I declare as follows:

That I have read the Codes of Practice and Regulations for the MC Federation, the Event Regulations and entry form (when applicable) and I agree to be bound by them in every respect. That I am fit and not suffering from any physical or mental disability which would impair my safe participation in the event. I undertake to inform the MC Federation immediately should any change in my condition occur which I have reason to or ought to have reason to believe would affect my ability to participate in this competition. That I have completed a medical questionnaire form (as requested during your licence application) and that I will inform the MC Federation should my medical status have changed. As a participant I may be exposed to the risk inherent in motor sport and that I am prepared to take such risks. I further agree that I shall not seek to claim against MC Federation, the organisers, their officials, the land owners, the promoter or other bodies or individuals connected with the event(s) in respect of any damage to my property howsoever caused, and whether by negligence or breach of statutory duty of the said bodies or persons. MC Federation do not provide personal accident insurance.

Signed by rider Date

Signed by parent/guardian Date

(for riders under 18yrs)

Print name of parent/guardian (Block Capitals)

I enclose the entry fee or debit my card to the value of £ + £2.50 TOTAL £.....

Card Number

Valid From / Valid Until / SEC No.

Issue Number Total Amount to be debited £

Name on Card

Please send your entry to: Dirt 321, MCFederation, Dovecote, Little Baldon Farm, Little Baldon, Oxon, OX44 9PU



MCF Day Licence Application Form MCF5

MC Federation, Dovecote, Little Baldon Farm, Little Baldon, Oxford, OX44 9PU
Tel: 01865 343668 Email: secretary@mcfederation.com

Complete this form in BLOCK CAPITALS to apply for an MCF Day Licence

Section 2 - Medical Information

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. This 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? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2) Any condition that might cause dizziness, vertigo or loss of balance? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3) Have you been unconscious because of a head injury or suffered from concussion? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 4) Any brain disorder such as a stroke, MS or Motor Neurone disease? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 5) Any loss of strength, feeling, control or movement of any of your limbs, head or neck? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 6) Amputation of any part of your limbs with or without an artificial replacement? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 7) Any condition or operation involving your heart or main blood vessels or any high blood pressure? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 8) Any kind of tumor or cancer? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 9) Diabetes? If 'Yes' please state whether treated by diet, tablets or insulin? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 10) Any psychiatric or emotional illness or any alcohol/drug/substance misuse? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 11) Any condition affecting your vision or eyes, including colour blindness? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 12) Are you taking any medication? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
- (Include all tablets, medicines etc. whether prescribed or bought over the counter.)

MOTOR SPORTS CAN BE DANGEROUS AND MAY INVOLVE INJURY OR DEATH Read carefully before signing to ensure you agree.

- The answers given by me in this License application are true.
- I fully understand the type of the events which the License allows me to enter and the rules and regulations that apply to such events and to competitors and will comply with them.
- I will ensure that before I enter any event I am competent to compete and that any vehicle that I use is safe and fit for the competition and nature of the course.
- I will satisfy myself (by sighting lap or otherwise) before taking part that the venue and track is acceptable to me with regard to its features and physical layout (unless prohibited to do so).
- I will NOT enter or take part in any competition where I have a doubt as to my safety.
- I will tell you immediately if, for any reason, I believe that I am no longer able to satisfy the terms of this License or I become aware that I have become unable to compete due to physical or other disability.
- I agree to accept the risks of injury and death that are inherent in motor sports and agree to take part at my own risk.
- If under the age of 18, my parent / guardian has read the above and signed the declaration and agreement below.

Signed..... Print name..... Date.....

If the applicant is under 18 Please read and sign below:

I the parent or person with parental responsibility do declare that the information given above is correct and I have read and agree to the declaration as written.

Signed..... Print name..... Date.....

