

# Motor Cycling Ireland

INCORPORATING MCUI SOUTHERN CENTRE



## Application for **ADULT** Competition Licence 2009 **PLEASE RETURN YOUR OLD LICENCE WITH THIS APPLICATION**

**Please Note that a New Medical dated 2009 is required with application**

First Time       Renewal

Affiliated Club:  
.....

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

Address: .....  
.....

Telephone Number ..... Date of Birth: .....

***A Birth Certificate is required for all 15 – 18 year old applicants***

### LICENCE FEES

National, A/B/C	€ 70		Road Racing		TWO RECENT PASSPORT PHOTOGRAPHS <b>MUST</b> BE INCLUDED WITH THIS APPLICATION
Trial Only	€ 70		Short Circuit		
			MX-GT		
			Enduro		
			Trials		
			Drag/Hill Climb		
Do you require a MX GT No.    Yes <input type="checkbox"/> No <input type="checkbox"/>			Super-Moto		

### **ALL A AND B LICENCE HOLDERS MUST ATTEND A SAFETY SEMINAR BEFORE LICENCE IS ISSUED**

**SAFETY SEMINAR ATTENDED** ..... **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 .....

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

### **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

Motorcycling Ireland, Stephenstown Industrial Estate, Balbriggan, Co Dublin

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

Registered in Ireland Reg. No. 98070

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## 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: \_\_\_\_\_

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

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## 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: ..... Licence Number: .....

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: .....

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## NOTES FOR GUIDANCE OF THE APPLICANT

Licences will be issued as follows:

- Type A Entitles the holder to take part in a road Race event provided the holder has qualified to hold such a licence- the minimum age to be 18. A "Type A" licence also enables the holder to take part in those events for which a "Type B" or "Type C" licence is required. Applicants whose previous licence was "Type A" must return such licence with this application
- Type B Entitles the holder to take part in a Short Circuit event- Drag Racing, Sprint or Hill Climb - the minimum age to be 15 years for events up to 200cc and 17 for events over 200cc. A "Type B" licence is available to 13 year olds restricted to 125cc until the age of 17 A "Type B" licence also enables the holder to take part in those events for which a "Type C" licence is required but NOT in those events for which a type A" licence is required. A holder of a "Type B" licence wishing to upgrade to a "Type A" licence must have a Record Card issued with the licence completed by the timekeepers at the conclusion of each race meeting and the onus for having it completed rests entirely with the holder
- Type C Entitles the holder to take part in Enduro, Grasstrack, Moto Cross or Trials events - the minimum age to be 15
- Type E Entitles the holder to enter Licensed Drivers in events. A Medical Certificate is NOT required for this type of licence
- Type S Entitles the holder to take part in a Road Race- Support Class only
- Type T Entitles the holder to take part in Trials only - minimum age 15 years. No medical cert required
- Note:** *The centre reserves the right to restrict any licence to such events or type of events, as it considers necessary in which case an endorsement to this effect will be clearly written on the face of the licence by the Licence Registrar*

## MEDICAL CERTIFICATE

The Applicant's doctor should PREFERABLY complete this section of the form and the Applicant is responsible for paying any fee charged in respect of the examination. Notwithstanding the completion of the Medical Certificate overleaf, the Centre may require, applicant to undergo a further medical examination with a doctor nominated by the centre, before issuing a licence.

## NOTES FOR GUIDANCE OF EXAMINING DOCTOR

Motorcycle racing is a dangerous sport and therefore competitors must attain an extremely high level of medical fitness.

If you have any doubt as to the fitness of any applicant please send the application form to the Licence Registrar or MCI secretary outlining your concerns and the matter will be considered and the rider examined by the Medical Committee of the Motorcycling Ireland and if necessary by the International Medical Panel

However it is still desirable that an examination of the applicant be carried out by their own family doctor initially due, to previous knowledge of their past history

The purpose of the examination is to ensure that the rider is fit enough to have full and complete control of a motor cycle at racing speeds and thus not pose a danger to other competitors, officials or spectators. There will undoubtedly be occasions when the rider is fit to race but because of previous injury, surgery etc, further injury may result in much more serious damage or complications.

The responsibility of the doctor in these circumstances is to advise the competitor of this risk to him or herself and even advise against further competition but providing this is done and duly recorded and the rider is not a risk to others then he may race at his or her own risk.

The applicant must have sufficient use of his limbs to allow full control of his machine. He must therefore have effective use of both hands and functional loss (or anatomical loss) of a lower limb excludes a licence from being granted. Visual acuity for distance should be not less than 6/6 in two eyes with correction if necessary. Colour blindness is not permitted in certain events such as Trials these eyesight restrictions can be relaxed but the advice of the Medical Panel should be sought

Diabetes is permitted if certain criteria are met and again referral to the medical panel is advised.

Ischaemic heart disease, rhythm disturbance, hypertension, cerebrovascular or other serious cardiovascular disorder are not normally permitted unless written evidence for a cardiologist or other relevant specialist is also submitted for consideration. Serious neurological or psychiatric disorder is not permitted. Epilepsy, history of a fit or fits, or unexplained loss of consciousness is not permitted.

Any alcohol or drug dependence problem will not be accepted. Indeed riders are routinely and randomly breathalysed for alcohol at events and are subject to doping control

Please remember at international level the competitors are subject to doping checks and Motorcycle Sport adheres to the International Olympic Committee Medical Commission List of Banned Substances. Caution is therefore required in prescribing medication for these competitors and it is recommended that advice be sought regarding any competitor at this level who is taking any medication prescribed or otherwise.

In applying for a licence the applicant will have signed a statement consenting to the Medical Officers of the sport obtaining any relevant medical information for any doctor or medical advisor who has been consulted by the competitor at any time and for any such person to divulge such information. The Medical Officers are also empowered by the terms of the licence to request a further examination or report at any time should this be felt necessary **Any fee in respect of the examination is payable by the Applicant**

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# 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.....

**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

- ..... 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

- 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

	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. Heffernan C.M.O., Motor Cycling Ireland. Tel: 497 3387 (H)