

# OFFICIAL ENTRY FORM



## NATIONAL TWINSHOCK CHAMPIONSHIPS 2021

Organising Club **Nottingham Twinshock Club**  
Round 2 **Bevercotes, Ollerton, Notts. NG22 0PS**  
Event Date **Sunday May 30<sup>th</sup>, 2021.**  
**Signing On 8am, Practice 9am, First Race After practice.**

**AMCA authorisation number: TBA** **Camping is available over the weekend.**

**Either email the completed entry form to [sharon@glynnandbentley.co.uk](mailto:sharon@glynnandbentley.co.uk) and pay by cheque, or request the bank details for a bank transfer,**

**or post the completed entry form and cheque to:**

**Sharon Bentley, 6 Jayne Close, Gedling, Nottingham. NG4 4DB. Tel. 07727-764264 after 6pm.**

**Cheques should be made payable to 'Nottingham Twinshock Club'**

**Entries Limited to 36 per class, with preference given to registered riders until May 14th.**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Mobile No.** \_\_\_\_\_

**E Mail address** \_\_\_\_\_

**Emergency Contact name & number** \_\_\_\_\_

**Machine** \_\_\_\_\_ **Capacity** \_\_\_\_\_ **Year** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Classes - Tick Appropriate Class(es) Note! Only registered riders may enter the Clubman Twinshock Class**

**Clubman T/S** \_\_\_ **Inters T/S** \_\_\_ **Experts T/S** \_\_\_ **125 T/S** \_\_\_ **250 T/S** \_\_\_ **Evo 125** \_\_\_ **Evo Open** \_\_\_ **Super Evo** \_\_\_

**Over 50 T/S** \_\_\_ **Over 60 T/S** \_\_\_ **Vets O/40** \_\_\_ **Vets O/50** \_\_\_

**Registered / Preferred Riding Number** \_\_\_ **Transponder reqd. (Y/N)** \_\_\_ **or Your number** \_\_\_\_\_

**Entry Fee - NTA Registered riders £50 incl. day licence**  
**Non NTA registered riders £55 incl. day licence**

**Discounted second class £30, only available at signing on if space available.**

### ACKNOWLEDGEMENT OF THE RISKS OF MOTORSPORT AND MEDICAL SECTION

#### ALL APPLICANTS MUST SIGN THIS SECTION

#### READ CAREFULLY BEFORE SIGNING TO ENSURE YOU AGREE.

THESE TERMS AND CONDITIONS ARE WRITTEN WITH YOUR SAFETY IN MIND.  
PLEASE REFER TO THE INDIVIDUAL EVENT ORGANISER'S TERMS AND CONDITIONS OR EVENT DETAILS FOR SPECIFIC INSTRUCTIONS.

### MOTORSPORT CAN BE DANGEROUS AND MAY INVOLVE INJURY OR DEATH

YOU MUST READ AND AGREE TO THE FOLLOWING DECLARATION WHICH IS DESIGNED TO CREATE A LEGALLY BINDING RELATIONSHIP IN RETURN FOR YOU BEING ALLOWED TO APPLY FOR AN AMCA LICENCE

#### DECLARATION

I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO ENSURE THAT I AM FIT AND ABLE TO RIDE EACH AND EVERY TIME I ENTER AN AMCA EVENT. I WILL NOT, AT ANY TIME RIDE AGAINST MEDICAL ADVICE. THE ORGANISERS WILL DO THEIR UTMOST TO ENSURE THE EVENT IS AS SAFE AS POSSIBLE.  
ALL COMPETITORS WHO WISH TO PARTICIPATE IN AN AMCA EVENT MUST ACT RESPONSIBLY AT ALL TIMES AT THE EVENT, BOTH ON AND OFF TRACK. ALL COMPETITORS MUST ACT IN ACCORDANCE WITH THE RULES AND REGULATIONS.  
ALL COMPETITORS MUST CONSIDER CAREFULLY THE RISKS THEY UNDERTAKE WHENEVER THEY COMPETE. IT IS RECOGNISED BY ALL COMPETITORS THAT THERE IS AN INHERENT RISK IN MOTORSPORT. THERE MAY BE ACCIDENTS WHICH RESULT IN THE DEATH, PERMANENT DISABILITY OR SERIOUS INJURY OF OTHER COMPETITORS AND/OR SPECTATORS.  
ALL COMPETITORS MUST APPRECIATE THAT THEY PARTICIPATE IN MOTORSPORT ENTIRELY AT THEIR OWN RISK.  
BY ENDORSING THIS APPLICATION FOR LICENCE AND REGISTRATION, THE COMPETITOR CONFIRMS AND AGREES:

- 1) THE ANSWERS GIVEN BY ME IN THIS LICENCE APPLICATION ARE TRUE.
- 2) I FULLY UNDERSTAND THE TYPE OF EVENTS WHICH THE LICENCE ALLOWS ME TO ENTER AND THE RULES AND REGULATIONS THAT APPLY TO SUCH EVENTS AND TO COMPETITORS AND WILL COMPLY WITH THEM.
- 3) I WILL ENSURE THAT BEFORE I ENTER ANY EVENT, I AM COMPETENT AND THAT ANY VEHICLE I USE IS SAFE AND FIT FOR COMPETITION AND THE NATURE OF THE COURSE.
- 4) I WILL SATISFY MYSELF BEFORE TAKING PART IN ANY COMPETITION THAT THE VENUE IS ACCEPTABLE TO ME WITH REGARD TO ITS FEATURES AND PHYSICAL LAYOUT AND THAT I AM SATISFIED THAT IT IS SAFE FOR ME TO TAKE PART.
- 5) I WILL NOT ENTER OR TAKE PART IN ANY COMPETITION WHERE I HAVE DOUBTS AS TO MY SAFETY.
- 6) I WILL INFORM THE AMCA IMMEDIATELY AND IN WRITING IF, FOR ANY REASON I BELIEVE THAT I AM NO LONGER ABLE TO SATISFY THE TERMS OF THIS LICENCE OR I BECOME AWARE THAT I HAVE BECOME UNABLE TO COMPETE DUE TO A PHYSICAL OR OTHER DISABILITY.
- 7) THAT THERE IS AN INHERENT RISK OF INJURY OR DEATH BY PARTICIPATING IN MOTORSPORT EVENTS.
- 8) I AM NOT TAKING DRUGS (PRESCRIBED OR OTHERWISE) OR OTHER MEDICATION NOR DO I HAVE ANY MEDICAL CONDITION, AMPUTATION / LOSS OF LIMB OR IMPAIRED VISION THAT ADVERSELY EFFECTS MY ABILITY TO RIDE SAFELY OR COMPROMISES THE SAFETY OF OTHERS
- 9) AS THE COMPETITOR, I WILL READ AND ABIDE BY THE AMCA RULES AND REGULATIONS AND CONDITIONS OF ENTRY FOR EACH EVENT.
- 10) IN THE EVENT I AM INVOLVED IN AN ACCIDENT AT AN AMCA EVENT I WILL ALLOW MY PERSONAL DETAILS TO BE PASSED BY THE FIRST AID PROVIDERS TO AN EVENT OFFICIAL.
- 11) I UNDERSTAND MY LICENCE WILL NOT BE ISSUED UNTIL CLUB AUTHORISATION HAS BEEN RECEIVED.
- 12) I UNDERSTAND THAT PAYMENT WILL BE PROCESSED IMMEDIATELY BUT MY LICENCE WILL NOT BE POSTED UNTIL CLUB APPROVAL IS RECEIVED.

#### MEDICAL DECLARATION

IN ACCEPTING THESE TERMS & CONDITIONS YOU ARE CONFIRMING THAT YOU WILL NOT RIDE, AT ANY TIME, AGAINST MEDICAL ADVICE. IT IS YOUR RESPONSIBILITY TO ENSURE YOU ARE FIT AND ABLE TO RIDE EACH AND EVERY TIME YOU ENTER AN AMCA EVENT. IF THE ANSWER TO ANY OF THE QUESTIONS 1-16 BELOW IS YES - YOU SHOULD SEEK MEDICAL GUIDANCE BEFORE COMPLETING THIS APPLICATION. IF THE ANSWER TO QUESTION 17 IS YES - THEN PLEASE PROVIDE THE INFORMATION THAT YOU PROVIDED TO THE DVLA ALONG WITH THE NAME OF YOUR DOCTOR.

- 1) DO YOU SUFFER FROM EPILEPSY, FITS, BLACKOUTS OR ANY OTHER CONDITION WHICH MAY CAUSE LOSS OF CONSCIOUSNESS?
- 2) DO YOU SUFFER FROM ANY CONDITION WHICH MIGHT CAUSE DIZZINESS, VERTIGO OR LOSS OF BALANCE?
- 3) HAVE YOU EVER BEEN UNCONSCIOUS BECAUSE OF A HEAD INJURY OR SUFFERED A CONCUSSION IN THE LAST 12 MONTHS?
- 4) IF YOU HAVE SUFFERED A CONCUSSIVE INJURY WITHIN THE LAST MONTH YOU SHOULD SEEK MEDICAL ADVICE BEFORE COMPETING IN AN AMCA EVENT.

- 5) DO YOU SUFFER FROM ANY PROGRESSIVE NEUROLOGICAL DISORDER SUCH AS MULTIPLE SCLEROSIS OR MOTOR NEURONE DISEASE?
- 6) HAVE YOU EVER SUFFERED A STROKE AT ANY TIME?
- 7) DO YOU SUFFER FROM LOSS OF STRENGTH, LOSS OF FEELING, LOSS OF CONTROL OR LOSS OF MOVEMENT ON ANY OF YOUR LIMBS, HEAD OR NECK?
- 8) HAVE YOU SUFFERED AN AMPUTATION OF ANY OF YOUR LIMBS OR PARTS OF LIMBS?
- 9) DO YOU HAVE ANY ARTIFICIAL LIMBS?
- 10) HAVE YOU EVER HAD A SURGICAL PROCEDURE FOR A HEART CONDITION (E.G. BYPASS, ANGIOPLASTY, PACEMAKER FITTED)?
- 11) HAVE YOU BEEN DIAGNOSED WITH ANY KIND OF TUMOUR OR CANCER?
- 12) DO YOU SUFFER FROM ANY CONDITION AFFECTING THE MAIN ARTERIES (E.G. BYPASS, GRAFT? AORTIC ANEURYSM)
- 13) HAVE YOU BEEN DIAGNOSED WITH DIABETES?
- 14) DO YOU SUFFER FROM ANY PSYCHIATRIC OR EMOTIONAL ILLNESS?
- 15) DO YOU SUFFER FROM HYPERTENSION (HIGH BLOOD PRESSURE)?
- 16) DO YOU SUFFER FROM ANY CONDITION OR DISEASE AFFECTING YOUR EYES OR EARS?
- 17) DO YOU SUFFER FROM OR ARE YOU ENGAGED IN ALCOHOL, DRUG, OR SUBSTANCE MISUSE?
- 18) IF YOU HOLD A DVLA DRIVERS LICENCE (WHETHER FULL OR PROVISIONAL) IS THERE ANY REASON FOR MEDICAL RESTRICTIONS TO BE IMPOSED UPON IT

**DATA PROTECTION ACT**

THE AMCA IS COMPLIANT WITH THE DATA PROTECTION ACT. THE AMCA AND PARTNERS MAY CONTACT YOU WITH EVENT, ORGANISATION AND MARKETING INFORMATION.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_