

Return to: Gemma Hobbs, KMSC, Knockhill Circuit, by Dunfermline, Fife KY12 9TF

<b>Riders Name</b>			
<b>Address</b>			
<b>Hometown (programme)</b>			
<b>Daytime Contact No.</b>			
<b>Evening Contact No.</b>			
<b>Mobile No.</b>			
<b>Email</b>			
<b>Date of Birth</b>		<b>Age on 27/06/14</b>	
<b>Licence issued by</b> <small>(i.e. SACU, MCUI etc.)</small>		<b>Licence Grade</b>	
<b>Nationality</b>			
<b>Make of machine</b>		<b>Capacity</b>	
<b>Racing No.</b>			
<b>Emergency Contact Name and Number</b>			

If applicable:

<b>Team/Sponsor Name</b>	
--------------------------	--

**Method of payment – Entry Fee £200**

- Cheque - payable to '**MSV Racing Club**' please ensure rider's name is on the reverse.
- Credit/Debit card (there are no additional fee for card payments)

Card Number			
Expiry Date		Name of cardholder	
Start Date			
Issue number (Maestro)		Postcode of cardholder	
Security Code		House no. of cardholder	

**You must read and agree to the following Declaration and paragraphs below which are designed to create a legally binding relationship in return for your being allowed to enter and compete**

**MOTORSPORT CAN BE DANGEROUS AND INVOLVE INJURY OR DEATH**

- 1) I accept that competition in motor sport may involve the risk of injury or death and I agree to take part at my own risk.
- 2) I confirm that the information in this entry form and the information in my competition licence are correct. I understand and accept the terms of my competition licence.
- 3) I confirm that I understand the nature of the competition I am entering and I am competent to take part.
- 4) I confirm that any machine I use will comply with the regulations and will be safe and suitable for competition use.
- 5) I will satisfy myself (by sighting lap or otherwise) before taking part that the venue and track are acceptable to me with regard their features and physical layout.
- 6) I will NOT take part if I have any doubts about my ability or safety, including in relation to the safety of the venue and/or weather conditions.
- 7) Before taking part in the event I will read and be bound by and comply with any Regulations of the MCRCB as stated in the 2014 MCRCB Yearbook and any supplemental and final instructions issued by the MCRCB, the organisers and the circuit owners.
- 8) I will not participate whilst under the influence of alcohol or intoxicating drugs and that if I am taking any prescribed medication I will inform the event organiser and seek approval before taking part.
- 9) If under the age of 18, my parent/guardian has read the above and signed the declaration and agreement below.

<b>Riders Signature</b>	
-------------------------	--

**THIS SECTION IS ONLY APPLICABLE TO RIDERS UNDER THE AGE OF 18**

To allow the competitor (see 1.1) to enter the competition you must agree to the matters set out below which are designed to create legal obligations on you

SIGN BELOW ONLY IF YOU AGREE

- 1) I \_\_\_\_\_ (print name) am the parent/legal guardian of the competitor,  
\_\_\_\_\_ (print name)
- 2) I have read and understood the entry form and declaration completed by the competitor (see 1.1) and confirm the answers are true.
- 3) I confirm he/she is competent to take part in the event and that any machine which he/she will use is safe and suitable for competition.
- 4) I will, before allowing him / her to take part, satisfy myself that the venue and track and the facilities are safe and will inspect them.
- 5) I fully understand that by taking part in motor sport, the competitor risks injury or death, and I agree and accept that the competitor takes part at his/her own risk.
- 6) I also hereby AGREE that I will INDEMNIFY AND HOLD HARMLESS the MCRCB, the organisers or officials or sponsors/promoters or entrants or owners/leaseholders of the venue in respect of any claim brought against such party as a result of the competitor's death or injury whilst taking part in the event (other than to the extent caused by the negligence or wilful default of such party)

<b>Print Name of Parent / Legal Guardian</b>	
<b>Relationship to rider (i.e. parent, guardian)</b>	
<b>Signature</b>	

***\*\*IMPORTANT\*\* Any person under the age of 18 MUST be accompanied at events by the parent /legal guardian mentioned above, who MUST also countersign the event signing-on document.***

<b>Riders Name</b>		<b>DOB</b>	
<b>Home Address</b>			
<b>Contact Number</b>		<b>Class</b>	

**Next of Kin**

<b>Name</b>			
<b>Home Address</b>			
<b>Contact Number Home</b>		<b>Mobile</b>	

**GP Details (Your own family doctor)**

<b>Name</b>			
<b>Surgery Name and Address</b>			
<b>Telephone Number</b>			
<b>Local Hospital</b>			
<b>Hospital Telephone Number</b>			

**Specialists details (any previous or current care i.e. Physio, Orthopaedic surgeons, therapists etc.)**

<b>Name</b>		
<b>Address</b>		
<b>Telephone Number</b>		
<b>Speciality</b>		

<b>Have you any current illnesses?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>If Yes please explain</b>		
<b>Do you regularly/often take any medicines, drugs or tablets?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>If Yes please explain</b>		
<b>Have you declared these to the ACU to comply with Anti Doping rules?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Do you have any allergies (i.e. penicillin, iodine etc.)?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>If Yes please explain</b>		
<b>Have you had any 'major' or 'significant injuries' requiring admission to hospital and/or surgery?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>If Yes please explain (what, where, when, how it was treated)</b>		
<b>Have you had any surgery/operations (excl. those above)?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>If Yes please explain (what, where, when, how treated)</b>		
<b>Have you ever had any problems with anaesthetic?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>If Yes please explain</b>		
<b>When did you last have an Anti-Tetanus injection?</b>	Year <input type="text"/>	Don't know <input type="checkbox"/>
<b>Do you have private medical insurance?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>If Yes, with whom</b>		
<b>Does this cover emergency treatment in hospital?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Is there anything else important we should know?</b>		

**I understand the above information will be treated with the strictest confidence, and only be released to health care professionals for my treatment during or following a British Superbike Meeting. I agree that the details of any injuries and treatment received can be released to the British Superbike Championship Chief Medical Officers.**

<b>Signed</b>	<b>Date</b>
---------------	-------------

This is optional but will help commentators

<b>Riders Name</b>		<b>Team Name</b>	
<b>Class</b>		<b>Occupation</b>	
<b>Hometown</b>			

<b>CAREER HISTORY</b>	
<b>Date started racing</b>	
<b>Racing Career History</b>	

<b>Sponsor Details</b>	
------------------------	--

<b>Any other information of interest to the public</b>	
--	--