



Motor Cycling Ireland

INCORPORATING MCUI SOUTHERN CENTRE

Printed By



Irish Sidecar and Motorcycle Racing Supporters Club

Application for ADULT Competition licence
PLEASE RETURN YOUR OLD LICENCE WITH THIS APPLICATION

First Time Renewal

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

Address:

Telephone Number Date of Birth:

LICENCE FEES

National, A/B/C	€ 57		Road Racing		TWO RECENT PASSPORT PHOTOGRAPHS MUST BE INCLUDED WITH THIS APPLICATION
Trial Only	€ 57		Short Circuit		
Youth National	€ 25		MX-GT		
			Enduro		
			Trials		
			Drag/Hill Climb		
			Super-Moto		
Do you require a MX GT No. Yes <input type="checkbox"/> No <input type="checkbox"/>					

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, or any affiliated club 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

B.E.A.T. Centre, Stephenstown Business Park, Balbriggan, Co. Dublin, Ireland.

Phone: + 353 1 802 0480 • Fax: + 353 1 802 0481 • Website: www.motorcycling-ireland.com

This section of the competition Licence Application Form is for Motor Cycling Ireland Licence Registrars use only

Do Not Complete

APPLICANTS NAME:.....

.....

Category Used Forename Surname
Solo Quad Sidecar

Licence No:

Riding No:

SOLO GRADE: A..... B C

Licence fee of €7 Cash..... Cheque Postal Order.....

Please return this completed Licence Application Form along with
TWO SIGNED PASSPORT SIZE PHOTOGRAPHS of the APPLICANT
And the ANNUAL FEE of €7

To: Damien Tolan
 Senior Licence Registrar
 Motor Cycling Ireland
 B.E.A.T Centre
 Stephentown Industrial Estate
 Balbriggan
 Co Dublin
 Telephone No 01-8020480 Any Queries regarding Licence Application Mobile 087 2695760

Please note that Cheques and Postal Orders should be made payable to Motor Cycling Ireland (Southern Centre) Ltd

Please ensure you enclose the following
Check List before posting
Completer and Signed Application
Medical Declaration answered
Two Passport Photographs
Cheque or Postal Orders

Licence Holder

Please ensure that you check the following before returning your application
Read the form carefully. All the classes are explained in detail (top page 3)
Ensure that ALL questions are answered, or place N/A if not required
Your form MUST be signed by yourself, and also by your club secretary, failure to do so, will entail a delay in your application.

Having provided a Medical Certificate no further medical Certificate is required for Type C riders unless you have an accident. Type A and B riders require to have a new medical completed every Three years or in the event of an accident. (Trial riders do not require a medical)
There is a Special Licence available for 15 year olds, who progress from Junior to Adult and the cost is €25 (see Page 1 Licence fee National Youth)

ONE EVENT LICENCES (ADULT ONLY)

There are special one event licences available, should you require only to take part in one or two events for the year, and these are available in two ways

One Event Open Licence: These are for Moto-cross, Enduro, Hillclimb, Drag, Super-moto and Grass Track events only and are available from Organising Clubs. You must apply to the club, at least 14 days, prior to the event, and you will need a medical. The cost is €19.

If you are a genuine first time competitor, you can go on to take out a full licence and the €19 will be deducted from the €57 fee. If you have held a licence, and take out a One Event Licence, the €19 is not deductible, and you must forward the full fee.

One Event Trial Licence:

There is no medical needed, and the cost is €5. These licences are available from the organising clubs.

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)

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Date:

TO BE COMPLETED BY THE EXAMINING DOCTOR

		MEDICAL EXAMINATION	
		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
 - right
 - left

- Urine:
- Albumen
 - Glucose

Any long term medication

Any other comment:
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- 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)