

## Section 1 Your photo

(if this is your first application)

Write your name and date of birth on the reverse of your photo



# 2009 ACU Trials Registration Form

Complete this form, in **BLOCK CAPITALS** to apply for or renew your ACU Trials Registration.  
If you have any questions, or need help filling in this form, please telephone our Licence Department on 01788 566400.

## Section 2 – Your details You must complete this section (in BLOCK CAPITALS please)

First names:	Surname: <i>Mr/Mrs/Ms/Miss</i>
Address:	
Postcode:	Date of birth:
E-mail address:	
Daytime phone no:	Evening phone no:
Mobile phone no:	Nationality:
Do you now hold, or have you ever held, an ACU licence or membership: Yes <input type="checkbox"/> No <input type="checkbox"/>	
If you answered 'Yes' please state the licence / membership number, if known: Number: <input type="text"/>	
Do you hold a competition licence from any Federation other than the ACU: Yes <input type="checkbox"/> No <input type="checkbox"/>	
If you answered 'Yes' please state the name of the Federation: Federation: <input type="text"/>	

## Section 3 – Payment You must complete this section

I am paying by:	- cheque made payable to 'ACU Ltd' <input type="checkbox"/>	Amount to be paid: <b>£10.00</b>
	- postal order made payable to 'ACU Ltd' <input type="checkbox"/>	
	- credit or debit card, give card details below <input type="checkbox"/>	
Type of card:	Mastercard: <input type="checkbox"/> Visa: <input type="checkbox"/> Delta: <input type="checkbox"/> Switch / Maestro: <input type="checkbox"/>	
Card number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Expiry date:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Issue no: <input type="text"/> <input type="text"/> Start date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Last 3 digits on signature panel: <input type="text"/> <input type="text"/> <input type="text"/>	
Cardholder's name:	<input type="text"/>	Cardholder's signature: <input type="text"/>

## Section 4 – Declaration & Acknowledgements

Now please read all the following statements and sign below.

### Acknowledgement of the Risks of Motorsport

- I understand that by taking part in motorsport I am exposing myself to a risk of death, becoming permanently disabled or suffering some other serious injury.
- I acknowledge that even in the event that negligence on the part of the ACU, any organiser, any landowner, or any individual who is employed by or carries out duties on behalf of any of these entities, were to be a contributory cause of any serious injury I may suffer, the dominant cause of any serious injury will always be my voluntary decision to take part in a high risk activity.
- I accept that insurance arranged on my behalf by the organisers of events that I may enter specifically excludes liability between the participants.
- I understand that this form may be used in litigation as evidence that any serious injury will be principally the result of my voluntary decision to engage in a high risk activity.
- I acknowledge that my participation in motorsport is entirely at my own risk.

**Declaration**

- I understand that if I have given any false information in this application you may take disciplinary action against me. This might include my licence/registration being permanently withdrawn.
- I will read and comply with the National Sporting Code and the Standing Regulations of the ACU.
- I understand that it is my responsibility to ensure that I have the correct licence/registration card for any competition I enter and that my licence/registration card will not guarantee my entry into, or acceptance into, any competition.
- In completing this form I confirm that I know of no medical condition that would impair my ability to compete or cause injury to others or myself.
- I consent to the collection and retention of my personal information by the ACU.
- I consent to any necessary information concerning an injury at an event being given by the attending doctor/paramedic/first-aider to the Clerk of the Course or incident officer of the event and also to my own doctor and my relatives. The doctor may also give information to other persons, according to the doctor’s own professional ethical code.
- I accept the Risks of Motorsport as set out in the above Acknowledgement.

**Acknowledgement and Agreement of the FIM Anti-Doping Code (Appendix 2)**

I, as a member of the ACU and/or a competitor in an ACU or FIM authorised or recognised meeting, hereby acknowledge and agree as follows: I undertake to familiarise myself with the FIM Anti-Doping Code. I consent and agree to comply with and be bound by all of the provisions of the FIM Anti-Doping Code, including but not limited to, all amendments to the Anti-Doping Rules and all International Standards incorporated in the Anti-Doping Rules. I acknowledge and agree that the FMNs and the FIM have jurisdiction to impose sanctions as provided in the FIM Anti-Doping Code. I also acknowledge and agree that any dispute arising out of a decision made pursuant to the FIM Anti-Doping Code, after exhaustion of the process expressly provided for in the FIM Anti-Doping Code, may be appealed exclusively as provided in Article 12 of the FIM Anti-Doping Code to an appellate body and in last instance for final and binding arbitration to the Court of Arbitration for Sport. I acknowledge and agree that the decisions of the arbitral appellate body referenced above shall be final and enforceable, and that I will not bring any claim, arbitration, lawsuit or litigation in any other court or tribunal. I have read and understand this Acknowledgement and Agreement.

Your signature: \_\_\_\_\_

Date: \_\_\_\_\_

If you are under the age of 18 your parent or a person with parental responsibility must also sign Section 5.

**Section 5 – Parental Agreement in respect of minors under the age of 18**

Please tick the section which applies to the minor’s age group.

**Under 14**

I consent to the minor competing in motorcycle sport.  
I understand that whenever the minor competes a parent (or legal guardian) must be present.

**Aged 14 or 15**

I consent to the minor competing in motorcycle sport.  
I understand that whenever the minor competes a responsible adult (who need not be his/her parent) must be present. In respect of events which I am unable to attend, I agree that the responsible adult who attends with the minor has my authority to sign competitor documentation on behalf of the minor.

**Aged 16 or over**

I consent to the minor competing in motorcycle sport.  
I understand that there is no requirement for the minor to be accompanied to events by an adult. I authorise the minor to sign competitor documentation on his/her own behalf.

**Declaration in respect of minors under the age of 18**

I have read and understood the “Acknowledgement of the risks of motorsport” which appears above. I appreciate the dangers inherent in motorsport which include the risk of death or permanent disablement.  
The minor does not suffer from any physical, medical or mental disability which would make it unsafe for him/her to participate as a competitor.  
I accept that it is my responsibility to ensure that the minor and I have read and understood the National Sporting Code of the ACU, Standing Regulations, Supplementary Regulations and Final Instructions subsequently issued and Entry Forms and that he/she will comply with them.  
I accept that photographs or video footage may be taken of my child by officials dealing with safety issues or accident investigations. Photographs may also be taken for promotional purposes and may appear on the ACU website or in ACU publications.  
To the best of my knowledge and belief the minor possesses the standard of competence necessary for events of the type to which his/her entries relate and that the machines entered will be suitable, safe and will comply with the Regulations for those events.

Parent’s name: \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**ACU Club membership - Please do not send this form to us unless your Club Secretary has signed it first.**

I am / my child is a current member of the ACU affiliated club stated below:-

Name of Club: \_\_\_\_\_

Club Official’s Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Club stamp: \_\_\_\_\_  
  
Date: .....

**Please return to: Licence Department, Auto-Cycle Union Ltd, ACU House, Wood Street, Rugby, Warwickshire CV21 2YX**