



ANNUAL MEMBERSHIP AND COMPETITION LICENCE APPLICATION FORM - 2018

Please complete ALL fields on BOTH sides:

PLEASE PRINT CLEARLY IN BLOCK CAPITALS

NAME DATE OF BIRTH Under 18? A Parent/Guardian must ALSO sign below

ADDRESS

POSTCODE HOME TEL MOBILE

E-MAIL ACU licence number

Please keep us informed of any change in contact details throughout the 2018 racing season.

I wish to join NORA and agree to abide by all applicable rules and regulations governing NoraSport Supermoto Ltd events.

My competition machine will comply with all rules regarding eligibility in the class entered. I agree to be bound by decisions made by the race organisers and those acting with their authority. I further agree that the decision of the Race Director/Clerk of the Course and/or any Technical Inspector and/or the Membership Secretary will be final.

Sign here (1/4) must be handwritten
Applicant's signature.....

Parent / Guardian
Confirmation signature

Racing Classes I wish to enter (tick all applicable boxes):

Race Number preference:

Main Group Solo	<input checked="" type="checkbox"/>	Sub Group	<input checked="" type="checkbox"/>	Superlite	<input checked="" type="checkbox"/>
Mini Bike/Jnr	<input type="checkbox"/>	Give it a Go	<input type="checkbox"/>	600 Superlite	<input type="checkbox"/>
Novice	<input type="checkbox"/>	Over 45	<input type="checkbox"/>	900 Superlite	<input type="checkbox"/>
National	<input type="checkbox"/>	Two Stroke	<input type="checkbox"/>		
Elite	<input type="checkbox"/>	Clubman	<input type="checkbox"/>		

Race Number: enter	
First choice	<input type="text"/>
Second choice	<input type="text"/>
Allocated class1	Office Use
Allocated class2	Office Use

NoraSport Licence Office Use

Your race number for the season will be allocated by the Membership Secretary.

Requests for specific numbers are subject to availability at the time of your application, preference will be given to 2017 points scorers until 2018 Warm Up round. To check availability please email entries@norasport.co.uk

NOTE: For 2018 no duplicate numbers will be issued, all riders must use a separate number regardless of class. Correct numbers **MUST** always be displayed during practice and races.

ACKNOWLEDGEMENT OF THE RISKS OF MOTOR SPORT

Motor sport is an extremely dangerous pastime. It is important that all competitors and their relatives think very carefully about the risks they are undertaking whenever they compete. It must be recognised by all competitors that there will be accidents and that competitors may die, whilst others may be permanently disabled or sustain serious injuries and it could be you. All competitors must appreciate that they participate in motor sport entirely at their own risk.

I declare that I recognise that in the event of an accident, any fault on the part of the organisers will not be the principal cause of any serious injury sustained. The dominant cause of any serious injury that I might sustain will be my voluntary decision to engage in competitive motor sport and I am willing for this declaration to be used in defence of any claim brought against the organisers.

Sign here (2/4) must be handwritten
Applicant's signature.....

Parent/Guardian
Confirmation signature

MEDICAL INFORMATION

Please answer all questions truthfully and fully. A false declaration may have serious consequences. If you are taking any medication, please tick this box and supply full details in the margin of this form:

Have you ever suffered from, or are you currently suffering from any of the following (tick boxes)

Please tick ALL applicable boxes

- 1 Epilepsy, fits, blackouts or any condition that may cause loss of consciousness?
- 2 Any condition that might cause dizziness, vertigo, or loss of balance?
- 3 Any brain disorder such as a stroke, MS or Motor Neurone disease?
- 4 Any condition or operation involving your heart or main blood vessels?
- 5 High blood pressure or any tumour or cancer?
- 6 Any psychiatric or emotional illness?
- 7 Any uncorrected condition affecting your vision or eyes, including colour blindness?
- 8 Any drug or substance abuse?
- 9 Have you ever been unconscious due to a head injury or suffered from concussion?
- 10 Do you have any missing or artificial limbs?

Yes	No

I confirm that the above declaration is true and that should anything change, I will immediately inform the organisers without delay.

Sign here **(3/4) must be handwritten**
Applicant's signature..... **Parent / Guardian Confirmation signature**

DECLARATION

I have read and fully understood this form and agree to be bound by the declarations contained herein. I understand that by taking part in motor sport I am exposing myself to the risk of death, disablement or other serious injury. I acknowledge that even in the event of negligence on the part of the organisers, the landowners or any other person or body connected with the event, the dominant cause of any serious injury I may suffer will be my voluntary decision to participate in an extremely high-risk activity. I accept that the insurance arranged by the organisers on my behalf 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 motor sport is entirely at my own risk.

Name of Applicant Name of Parent / Guardian

Sign here **(4/4) must be handwritten**
Applicant's signature..... **Parent / Guardian Confirmation signature**

Please ensure that you have **signed the form 4 times** where required and attached your cheque for **£60.00 (£80.00 Family membership*)** made payable to **NORA** as applications cannot be processed without payment. Alternatively use **PayPal** to norasportspermoto@gmail.com as a **GIFT** please. For direct bank payments use account number 24089869 Sort Code 54-21-22

New applicants should email a passport style photo to entries@norasport.co.uk (.jpg or .jpeg format) or send a print with this form. Please email for any further assistance.

*Family membership is available to one Adult and one child (under 18) living at the same postal address.

**Please return this form, with your PHOTO and cheque if not using PayPal to:
 NoraSport Supermoto Ltd, 33 Wood Street, Warsop, Notts. NG20 0AX**