



Weston Beach Race Licence

Licence No FEE £13 ADMIN £1 TOTAL £14 Date: _____

ADULT YOUTH **COMPETITION LICENCE APPLICATION 2010**

Please print all details CLEARLY. Please tick appropriate box or delete where necessary

SURNAME _____
FIRST NAME(S) _____
ADDRESS _____


POSTCODE _____
DATE OF BIRTH _____ PLACE OF BIRTH _____
If not a U.K. subject how long have you lived in the UK? _____ years _____ months

I WISH TO PURCHASE A FULL COMPETITION LICENCE APPLICATION FOR: DRIVER PASSENGER

**THIS SECTION MUST BE COMPLETED BY ALL APPLICANTS
ALL APPLICATIONS MUST BE SIGNED BY A CLUB OFFICIAL**

I know of no reason why I should not be issued with an ORPA competition licence to participate in motorsports, furthermore I authorise any hospital or medical practitioner to furnish information relative to my medical history and present condition to ORPA. I undertake to abide by the competition regulations of ORPA and any amendments thereto as may be issued from time to time concerning the sport I compete in. I further declare I am a current member of the ORPA affiliated club stated below. If under the age of 18 I have the permission of my parent/guardian. This information may be processed electronically and will be used for administration purposes only.

SIGNATURE _____ DATE _____
PARENT/GUARDIAN SIGNATURE (if under 18) _____
NAME OF CLUB RHL ACTIVITIES

CLUB OFFICIALS SIGNATURE  POSITION IN CLUB Chairman ORPA

**ALL APPLICANTS MUST COMPLETE THE MEDICAL DECLARATION AND PARENTAL DECLARATION,
IF UNDER 18 YEARS OF AGE**

MEDICAL DECLARATION

Have you been treated for, have, or have ever had any of the following:

Head Injury _____	YES/NO	Unconsciousness or concussion _____	YES/NO
High Blood pressure/heart disorder _____	YES/NO	Dizziness, fainting, epilepsy _____	YES/NO
Fit or Blackouts _____	YES/NO	Disease, injury or operation to eye(s) _____	YES/NO
Wear Spectacles _____	YES/NO	Suffer respiratory problems or asthma _____	YES/NO
Any condition which affects movement of arms or legs _____	YES/NO		

If you have answered YES to any of the above statements, please give further details:

Please give name and address of Family Doctor: _____
Signature of Applicant: _____ Date _____

PARENTAL AGREEMENT

This form MUST be completed at the time of application for a Racing Licence or Day Licence by The PARENT/LEGAL GUARDIAN of each Licence Holder who is under the age of 18 years old. Held under the Standing Regulations and any Supplementary Regulations that have been or may be issued.

RIDER/DRIVER DETAILS PLEASE PRINT CLEARLY

FULL NAME _____ DATE OF BIRTH _____
ADDRESS _____

POSTCODE _____
TELEPHONE _____ (Daytime) _____ (Evening)

I, _____ the parent/guardian of _____ (child's name) understand that my child _____ (child's name) (hereinafter referred to as 'my child') wishes to participate in race meetings and/or practice/testing sessions.

I declare as follows:

That I am familiar with the nature of racing and practising/testing and the risk inherent therein and that I will have the opportunity to inspect the course/track/circuit and it's facilities before allowing my child to take part. I am satisfied and content that my child be allowed to participate in the racing events and that he/she is competent to do so. In consideration of the organisers allowing my child to compete I hereby agree and indemnify the Off Road Promoters Association, it's organisers, their servants or agents, officials, the promoter or other bodies or individuals connected to the event in respect of any claim by my child in respect injury or any damage to my property howsoever caused, and including without limitation their negligence and/or breach of statutory duty arising from my child's participation in the event. My child does not suffer from any physical or mental disability which would make it unsafe for him/her to participate in any event as a competitor. It is my responsibility to ensure that my child and I have read and understand the Regulations and Supplementary Regulations issued for any event/meeting that he/she wishes to compete/participate in and that he/she will comply with them. To the best of my belief my child possesses the standard of competence necessary for competing in racing events and/or practising/testing and that the machine is suitable, safe, and complies with the Regulations.

Signature of Parent/Guardian _____ Witnessed by _____ Date _____