



2010 SECWHA AMCA MASTERS SKEGNESS BEACH RACE

ENTRY FORM 11th and 12th DECEMBER 2010

AMCA Events Ltd, Hyland House, Unit 28, Navigation Way, Cannock, Staffs, WS11 7XU

Tel: 01543 466282 Fax: 01543 466283 Email: office@amca.uk.com Website: www.amca.uk.com

Before completing this form, please read the AMCA Rule Book Standing Regulation and Sporting

Code for motocross events, available to download at www.amca.uk.com. By completing this application, you are agreeing to abide by all AMCA rules as stated as well as agreeing to abide by the conditions of entry for this event. A valid form of identification must be shown on the day of the event as proof of identity.



I wish to apply for a Entry for the Skegness Beach Race. I understand places are only available on a room permitting basis and once the event is full, there will be no other entries accepted. Payment must be made before any acceptance of entry is issued. I also accept that it is my responsibility to ensure this applicaion has been recieved at the AMCA Office.

PERSONAL DETAILS – BLOCK CAPITALS PLEASE:

Title: _____ First Name: _____ Surname: _____

Street Name and Number: _____

Town: _____

County: _____ Postcode: _____

Date of Birth: / / Age: _____

Email address:

Landline No: _____ Mobile No: _____

Fax No: _____ Occupation: _____

Are you or have you ever been a member of an AMCA Affiliated Club (please circle)? YES / NO

If yes, please state name of club and licence no.: _____

Grade (please tick):

KIDS 85/150 (9-15years)

YOUTH MX2 (18years and under)

SIDECAR

QUAD

ADULT SOLO

SIDECAR Please state name of passenger: _____

Bike Make: _____ Bike cc: _____

PAYMENT:

Early bird offer (up until 10th September): £55.00 (kids 85/150) £70 (all other classes)

Standard entry (11th September – 1st December): £65.00 (kids 85/150) £80 (all other classes)

Late entries (2nd December – 8th December) : £85.00 (kids 85/150) £100 (all other classes)

I am paying by (please tick):

Cheque (payable to 'AMCA Events Ltd')

Postal Order (payable to 'AMCA Events Ltd')

Debit or Credit Card (please circle): MasterCard / Visa / Delta / Switch / Maestro

Please note that all Debit or Credit Card transactions incur an additional £1.00 charge.

Card Holders Name: _____

Card Number:

Security No: Expiry Date: / Start Date: / Issue No:

Card Holders Signature: _____

MEDICAL SECTION:

Has the applicant ever suffered from or are currently suffering from any of the following illnesses or conditions?

- 1) Epilepsy, fits, blackouts or any other condition which may cause loss of consciousness
- 2) Any condition which might cause dizziness, vertigo or loss of balance
- 3) Have you ever been unconscious because of a head injury or suffered a concussion in the last 12months
- 4) Any progressive neurological disorder such as MS or Motor Neurone disease
- 5) Have you ever had a stroke at any time
- 6) Loss of strength, loss of feeling, loss of control or loss of movement on any of your limbs, head and neck
- 7) Amputation of any of your limbs or parts of limbs missing
- 8) Do you have any artificial limbs
- 9) Any surgical operation for a heart condition (e.g. bypass, angioplasty, pacemaker fitted)
- 10) Any kind of tumour or cancer
- 11) Any condition affecting the main arteries (e.g. bypass, graft, aortic aneurysm)
- 12) Diabetes. Please state whether treated by diet, tablets or insulin
- 13) Any psychiatric or emotional illness
- 14) Hypertension (high blood pressure)
- 15) Any condition or disease affecting your eyes or ears
- 16) Alcohol, drug, or any substance misuse
- 17) Are you taking any medication
- 18) If you are eligible to hold a DVLA drivers licence, would or is there any reason for medical restrictions to be imposed upon it

Please use the space below or provide on a separate sheet additional details if the answer to any of the above questions is 'Yes' or if you have any other medical conditions which you feel may affect your riding ability.

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NOTES:

Entry will include full race as well as hard standing car park for one vehicle – all other vehicles will be asked to locate in alternative car parks around the town. Refunds can be provided with medical evidence. A transponder will be required to compete at this event. If you do not have your own, one can hired from the AMCA on the day for an additional £30, which includes a £25 returnable deposit. Entries will be confirmed via SMS and email (where provided) no later than 12midday on Monday 6th December (excluding late entries).

ACKNOWLEDGMENT – Motorsport can be dangerous and may involve injury or death:

I can confirm that I/my son/daughter's details listed above are all true and accurate. I have read and fully understand the rules listed in the AMCA Rulebook, Standing Regulation and Sporting Code and agree to abide by them.

Signed: _____ Date: _____

Signature of parent/guardian (if under 18): _____

For office use only:

Accepted: YES / NO

Payment received: Cheque / Postal Order / Debit or Credit Card

Date Received: _____

Authorisation Number: _____