



You should read and understand the enclosed notes before filling in this form



UAEMC COMPETITION LICENSE REGISTRATION FORM

Complete this form in BLOCK CAPITALS to apply for / renew an UAEMC Competition License
If you have any questions, or need help filling in this form, please, contact our License Department
on 00971 4 2961122

Your photos
Write your name
and date of birth
on the reverse of
your photos (2)

For UAEMC office use ONLY		
License fee	Other	Cheque / Cash

Section 2 - Your details

First names:

Mr/Mrs/Miss Surname

Address:

Postcode

DOB

Mobile phone:

E-mail address:

Occupation:

Nationality:

Passport no:

Do you now hold, or have you ever held a UAEMC licence? Yes No

If you answered 'Yes' please state the license no, if known Number:

Do you hold OR have you ever held a competition license from any Federation other than UAEMC? Yes No

If you answered 'Yes' please state the name of the Federation Federation:

Section 3 - Medical Information

Please answer all the questions truthfully. A false declaration may have serious consequences. If you answer 'Yes' to any of the questions please give full details in the space provided at the end of this section. These should include the date you first developed the condition, details of any tests, investigations and of any treatment you have undergone. Please, include the names and addresses of any specialists you have seen and hospitals you have attended. Please give full details of any medication you are taking.

Have you ever suffered from or are you currently suffering from any of the following illnesses or conditions:

- 1. Epilepsy, fits, blackouts or any condition which may cause loss of consciousness? Yes No
- 2. Any condition which might cause dizziness, vertigo or loss of balance? Yes No
- 3. Have you been unconscious because of a head injury or suffered from concussion? Yes No
- 4. Any brain disorder such as a stroke, MS or Motor Neurone disease? Yes No
- 5. Any loss of strength, feeling, control or movement of any of your limbs, head or neck? Yes No
- 6. Amputation of any part of your limbs with or without an artificial replacement? Yes No
- 7. Any condition or operation involving your heart or main blood vessels or high blood pressure? Yes No
- 8. Any kind of tumour or cancer? Yes No
- 9. Diabetes? If 'Yes' please state whether treated by diet, tablets or insulin? Yes No
If 'Yes' then section 4 - Eyesight Report and section 5 - Medical Report, must also be completed
- 10. Any psychiatric or emotional illness or any alcohol/drug/substance misuse? Yes No
- 11. Any condition affecting your vision or eyes, including colour blindness? Yes No

12. Are you taking any medication?

Yes No

(include all tablets, medicines etc. whether prescribed or bought over the counter)

Please use this space to give further details if you have answered 'Yes' to any of the above questions:

Section 4 - Eyesight Report

Answer the following questions to find out if you need to complete this section

- 1) are you applying for the first time for a Road Race licence? Yes No
- 2) are you aged 55 or over and applying to renew your Road Race licence? Yes No
- 3) was your last eyesight report for a Road Race licence 3 or more years ago? Yes No
- 4) are you applying for an International licence? Yes No
- 5) are you being treated for diabetes? Yes No
- 6) has the UAEMC Medical Panel requested that you have a medical examination and eyesight report? Yes No

If you answered 'No' to all the above, you do not need to complete this section or section 5. Go to section 6.

If you answered 'Yes' to any of the above, you must have an eyesight examination and ask your doctor or optician to fill in this section (you must pay any fee charged for the eyesight examination and for filling in this form)

To your doctor or optician

Please, read these notes before filling in this section for the applicant whose name is on the front of this form.

The minimum corrected visual acuity must be 6/6 with both eyes open together. The minimum binocular field should measure at least 120 degrees along the horizontal meridian with no defects within the central 20 degrees.

The applicant must have normal colour vision in that they can distinguish the primary colours red and green.

1. Unaided vision: Left eye Right eye Binocular:

2. Corrected vision: Left eye Right eye Binocular:

3. Is the applicant's colour vision normal? Yes No

4. Does the binocular field of vision comply with the above? Yes No

Please use this space to give further details:

Name and address of optician/doctor
(please use official stamp)

Signature of optician/doctor

Date

Section 5 - Medical Report

Answer the following questions to find out if you need to complete this section

- 1) are you applying for an International licence? Yes No
- 2) are you being treated for diabetes? Yes No

If you answered 'No' to the above, you do not need to complete this section. Go to section 6.

If you answered 'Yes' to any of the above, you must have a medical examination and ask your doctor to fill out this section

(you must pay any fee charged for the examination and for filling out this form)

To your doctor

Please read these guidance notes before filling in this section for the applicant whose name is on the front of this form. The person to be examined is applying for a licence to compete in motorcycle sport events. Particular care should be taken to ensure that the applicant does not suffer from any condition which might result in sudden loss of control of his/her motorcycle thus endangering other riders, officials and spectators. The controls of a motorcycle normally require the use of all four limbs. The applicant must be able to control his/her motorcycle under fierce acceleration and braking forces. Competition places physical and mental demands on the rider. **Limbs:** The applicant should have sufficient power, co-ordination and sensation in his/her limbs to maintain full control of his/her machine. An applicant with an organic or functional loss of a limb or part of a limb may be referred to UAEMC medical panel and be subject to on track' assessment.

Deafness: A licence can be issued to an applicant with impaired hearing, but not to an applicant with a disturbance of balance.

Diabetes: A well controlled diabetic who is not subject to hypoglycaemic attacks may be passed as fit to compete providing they can supply evidence from a diabetologist that they have no neuropathic complications nor any ophthalmoscopic evidence of vascular complications. If access to a diabetologist is difficult then the GP/examining doctor must pay particular attention to these points.

Cardio-vascular system: In general, a heart attack or serious cardio-vascular disease would normally exclude a rider from the speed events. Special attention should be paid to blood pressure and cardiac rhythm disorders. In such cases a certificate from a cardiologist including the results of any test the cardiologist considers necessary must be submitted with this Medical Report form. **Any rider over the age of 50 years must have an exercise tolerance electrocardiogram performed and the result must be favourable.**

Neurological and psychiatric disorders: In general applicants with serious neurological/ psychiatric disorders will not be granted a licence

Fits or unexplained loss of consciousness: A licence will not be issued if the applicant is an epileptic, has suffered a single epileptic fit or has suffered an unexplained loss of consciousness.

- 1. Are you the applicant's regular medical attendant? Yes No
 - 2. Does the applicant have epilepsy, diabetes or any condition which may cause loss of consciousness? Yes No
 - 3. Does the applicant have any condition which may cause sudden loss of balance or co-ordination? Yes No
 - 4. Is there evidence of any progressive neurological disorder? Yes No
 - 5. Are there any signs of neoplasm which may be liable to metastasise? Yes No
 - 6. Is there any evidence of any disease or condition affecting the eyes or ears? Yes No
 - 7. Is there any abnormality of power, sensation, co-ordination, movement in any limb? Yes No
 - 8. Are any limbs or parts of limbs missing? Yes No
 - 9. Is there any abnormality of the heart? Yes No
 - 10. Does the applicant have hypertension? Yes No
 - 11. If the applicant has insulin dependent diabetes are there any signs of neuropathy, retinopathy or other complications? Yes No
 - 12. If the applicant has insulin dependent diabetes are they subject to episodes of hypoglycaemia or hyperglycaemia? Yes No
 - 13. Is the applicant suffering from any psychiatric illness? Yes No
 - 14. Is the applicant dependent on alcohol, drugs or other substances? Yes No
 - 15. Is the applicant taking medication? Yes No
- If 'Yes' please give full details in the space below and confirm that the medication is not within the WADA prohibited classes of substances and prohibited methods. If the medication is banned and the applicant is applying for an International licence, the a TUE (Therapeutic Use Exemption) form will need to accompany this medical report. A TUE is available on the request at UAEMC or can be downloaded from www.wada-ama.org
- 16. Is the applicant medically fit to hold a competition licence and to participate in motorsport? Yes No
 - 17. I am unsure of the applicant's fitness and wish to refer him/her to UAEMC Medical Panel. Yes No

Please use this space to give further details

Applicant's name:

Doctor's name & qualifications:

Date

Practice stamp

Section 6 - Categories of licence you need

You must complete this section

All licences run from 1 January to 31 December of the year of issue.

Tick the box to select the category of licence that you need:

Motocross & Baja	AED 550/-	<input type="checkbox"/>
Junior Motocross*	AED 300/-	<input type="checkbox"/>
<i>* a competitor should be 14 years old at the moment of applying for this type of competition licence</i>		
Drag	AED 500/-	<input type="checkbox"/>
Road Race	AED 500/-	<input type="checkbox"/>
International	AED 950/-	<input type="checkbox"/>

Section 7 - Payment

If you are paying by cheque, please write the full name of all of the licence applicant on the reverse of the cheque.

I am paying by	a) cheque made payable to Automobile and Touring Club	<input type="checkbox"/>	Amount to be paid: AED	<input type="text"/>
	b) cash	<input type="checkbox"/>		

Section 8 - Checklist and declaration

You must complete this section

We cannot process your application if you do not sign this declaration, or if you do not send us all the information we require, so please read the enclosed notes carefully.

Please tick the appropriate boxes below

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| 1. I have filled in all the relevant parts of this form | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. I have enclosed a passport-sized photograph with my name and date of birth on reverse | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. I have enclosed evidence of completing a competitor training course (new Road Race only) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. My doctor has provided any additional medical information you need and this is attached | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5. I have enclosed the correct payment | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 6. I have enclosed a photocopy of my passport | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Now please read all the following statements and sign below

• 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 being permanently withdrawn.

• I will read and comply with the National Sporting Code and the Standing Regulations of FIM.

• 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.

• I consent to any necessary information concerning an injury at an event being given by the attending doctor/paramedic/first-aiders 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.

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

I, as a member of the UAEMC and/or a competitor in an UAEMC 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, 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.

Acknowledgement of the risks of motorsport

Motorsport is an extremely dangerous activity. It is important that all competitors 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 a number of 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 motorsport entirely at their own risk.

One of the main risks in motorsport is obviously speed. Situations which would not give rise to major danger at low speed can have extremely serious consequences at high speed and in a competitive environment. While the organisers will do their reasonable best to make the event as safe as possible, there will inevitably be occasions when mistakes are made. It must, however, be recognised by all competitors that where an accident occurs in such circumstances, any fault on the part of the organisers will not be principal cause of any serious injury sustained. The dominant cause of any serious injury will be the fact that the accident happened at speed in a competitive environment.

The risk of accidents is one of the inherent risks involved in motorsport and every competitor must consent to this.

The UAEMC is not prepared to accept personal injury claims brought by competitors who have willingly participated in what they know to be a dangerous sport. Any claims will be vigorously defended, and this form will be used as evidence of the competitor's prior acknowledgement of the risks inherent in motorsport and that the dominant cause of any serious injury will be his/her voluntary decision to engage in competitive sport rather than any alleged negligence by the UAEMC or any other party involved in staging the event.

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

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 Sporting Code of the FIM, 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 UAEMC website or in UAEMC 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.

Note: for all Road Race disciplines (Road Race, Drag, Sprint, Hillclimb and Supermoto) all minors under 18 years old must be accompanied by their parent or legal guardian.

DECLARATION

I have read and understood this form.
I understand that by taking part in motorsport I am exposing myself to a risk of death, becoming permanently disabled or suffering some other very serious injury.
I acknowledge that even in the event that negligence on the part of the UAEMC, any other governing body, any race organiser, any circuit owner, 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 any public liability insurance arranged by the organisers of events that I may enter specifically excludes liability between the participants.
I understand that his/her 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.

Your signature:

Date:

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

Parent's / guardian's name:

Signature:

Relationship to you:

Date:

Now please return this form, your payment, and any other information you have to provide, to us.
UAE Motorcycle Club, P.O. Box 5078 Dubai, UAE .

