



2010 TT Mountain Course Licence Application Form Manx GP

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This licence is a requirement for **all** competitors taking part in any event held on the TT Mountain Course. The fee is **£25.00** (in addition to any other licence fee). All applicants except holders of an FIM International licence or MCU National Roads Licence must complete Section 3 - Medical Report, on the reverse of this form.

ACU and SACU licence holders must have held a National licence for Road Racing for a minimum of six months prior to the start of the event (i.e. 21st February 2010).

Competitors from other FMNs must have held a National Licence for Road Racing issued by their FMN for a minimum of 6 months prior to the start of the event (i.e. 21st February 2010).

Documentary evidence of the following additional requirements must be supplied with this application:-

2010 Manx Grand Prix: all applicants must have competed satisfactorily in at least **6** race meetings during the 13 months expiring 30th June 2010. Competitors who have qualified to race at the TT or Manx GP in 2009 will be able to count that as **one** meeting, finishing a Race at the TT or Manx GP will count as a **second** meeting, requiring satisfactory results from 4 other meetings only.

Closing dates for receipt of application forms: 14th July 2010.

The issuing of a TT Mountain Course Licence does not guarantee an accepted entry for competition.

Your photo

Please write your name and date of birth on the reverse of your photo.

Section 1 - Your details - please complete in block capitals

First names:	Mr/Mrs/Ms/Miss Surname:
Address:	
Postcode:	Date of birth:
E-mail address:	
Daytime phone no:	Evening phone no:

Do you hold a National licence for Road Racing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you answered 'Yes' please state the licence number:	Number: <input type="text"/>	
If you answered 'Yes' which federation issued that licence?	Federation: <input type="text"/>	
Please state the expiry date of your licence:	Expiry date: <input type="text"/>	
Do you hold an FIM Non-Championship licence for Road Racing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Your signature:	Date:
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Section 2 - Payment

I am paying by:	- cheque made payable to 'ACU Ltd' <input type="checkbox"/>	- postal order made payable to 'ACU Ltd' <input type="checkbox"/>	- credit or debit card, give card details below <input type="checkbox"/>	Total payment:	£ 25.00
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"/>
Expiry date:	<input type="text"/>	Issue no: <input type="text"/>	Start date: <input type="text"/>	Last 3 digits on signature panel: <input type="text"/>	
Cardholder's name:	<input type="text"/>	Cardholder's signature:	<input type="text"/>		

Section 3 - Medical Report

To be completed by all applicants except holders of an FIM International licence. You must pay any fee charged for the medical examination and for filling in 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 both 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 an ACU 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 or hyperglycaemic 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 during the examination.

Cardiovascular system: In general, a heart attack or serious cardio-vascular disease would normally exclude a rider from 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.

Neurological and psychiatric disorders: In general applicants with a serious neurological or psychiatric disorder 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.

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|-----|---|------------------------------|-----------------------------|
| 1. | Are you the applicant's regular medical attendant? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. | Does the applicant have epilepsy, diabetes or any condition which may cause loss of consciousness? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. | Does the applicant have any condition which may cause sudden loss of balance or co-ordination? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. | Is there evidence of any progressive neurological disorder? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. | Are there any signs of neoplasm which may be liable to metastasise? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. | Is there any evidence of any disease or condition affecting the eyes or ears? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. | Is there any abnormality of power, sensation, co-ordination or movement in any limb? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. | Are any limbs or parts of limbs missing? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. | Is there any abnormality of the heart? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. | Does the applicant have hypertension? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. | If the applicant has insulin dependent diabetes are there any signs of neuropathy, retinopathy or other complications? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 12. | If the applicant has insulin dependent diabetes are they subject to episodes of hypoglycaemia or hyperglycaemia? ... | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 13. | Is the applicant suffering from any psychiatric illness? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 14. | Is the applicant dependent on alcohol, drugs or other substances? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 15. | Is the applicant taking medication? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | 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 | | |
| 16. | Is the applicant medically fit to hold a competition licence and to participate in motorcycle sport? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 17. | I am unsure of the applicant's fitness and wish to refer him / her to the ACU Medical Panel. <input type="checkbox"/> | | |

Please use this space to give further details

Practice stamp
(include name & qualifications)

Applicant's name:

Date of birth:

Signature of doctor:

Date: