

SACU Ltd Motorcycle Sport in Scotland since 1913
ADULT OFF-ROAD ONE-EVENT COMPETITION/PRACTICE LICENCE – 2023



- This is an Off-Road Adult one-event licence valid only for events organised under an SACU Permit, for Closed to Club; National & Championship events. This licence is not valid for road race events.
- This licence binds Athletes to the SACU's anti-doping rules for a minimum period of 12 months from the date of the relevant Event or Competition
- Fee payable: The fee for this one-event licence is determined by the Organiser named on the Permit. **The appropriate fee must accompany this form and is to be paid to the Event secretary.**
- The Event Secretary must send this form to: **SACU Ltd., 28 West Main Street, Uphall, West Lothian, EH52 5DW** – after the event, along with the fee payable to **SACU Ltd**
- **This form must be counter-signed by a Parent or Guardian present at the event.**
- **Applicants must be a bona fide member of an SACU Member club or authorised federation**
- Please note that this Off-Road One-event licence is only valid for the event detailed below, it is not transferable.

COMPLETE ALL SECTIONS **Organising Club:** _____

Permit Number: _____ **Venue:** _____ **Date of Event:** ___/___/2023

Please indicate previous rider status attained: (*Tick status) NOTE; minimum age restrictions apply

<input type="checkbox"/> TRIALS:				<input type="checkbox"/> EXPERT		<input type="checkbox"/> NON-EXPERT		<input type="checkbox"/> NOVICE or Beginner	
<input type="checkbox"/> MOTOCROSS *		<input type="checkbox"/> ENDURO / HARE & HOUND *		<input type="checkbox"/> QUAD: *		* Novice		<input type="checkbox"/> Previous Licence holder <input type="checkbox"/>	
Identity of rider confirmed by: *Credit Card / Drivers' Licence / Passport / Other – detail in space below:									
Fee Paid to Club: <input type="checkbox"/> £									
X - Event Secretary's Signature:							Date: ___/___/ 2023		

Rider's Personal Details

Family or Surname:		First Name (s):	
Full Address:			
Town:			
Postcode:		I C E Number :	
Date of Birth: ___/___/____			
Club:		Club membership number:	

ALL APPLICANTS MUST COMPLETE AND SIGN THE MEDICAL DECLARATION OVERLEAF

SACU Privacy Policy

The SACU is the recognised licencing Authority for Motorcycle Sport in Scotland.
 We collect data from members for the purpose of issuing race licences, official's licences, race start permissions and insurance.
 Details are stored on a computer system to allow the production of licences and record results where required for licence conditions (Road Race and Trials). This information is stored securely and accurately.
 Personal details are only used for contacting members re licencing matters, notification of awards and investigation of medical matters.
 Clubs may be provided with a member's name and licence number to prove they hold a licence for competition.
 Clubs provide a list of members annually - these are stored in paper format and only used to confirm numerical accuracy of membership submissions.
 Payment details submitted are used to take payment and then immediately destroyed. No payment details are recorded.
 We may disclose your personal information to the extent that we are required to do so by law in connection with any legal proceedings or prospective legal proceedings. This will include the reporting of personal accident details for insurance purposes
 Except as provided in this privacy policy, we will not provide your information to third parties.

Members have the right to request a copy of the data recorded about them for accuracy. Please let us know if your information needs to be corrected. Members may submit a complaint to the Information Commissioners Office if their information is inaccurate or used inappropriately.



MEDICAL DECLARATION

ALL APPLICANTS MUST COMPLETE THIS SECTION

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 on the reverse of this form. These should include the date you first developed the condition, details of any tests, investigations and any treatment you have undergone. Please include the names and addresses of any specialist you have seen and the hospitals you have attended. Please also give full details of any medications you are taking.

Important note: Answering "yes" to any of the 9 questions below, will result in your application being declined by the organiser.

Have you ever suffered from or are you currently suffering from any of the following illnesses or conditions?
(Tick all boxes that are applicable):

- | | |
|---|--|
| 1. Epilepsy, fit, blackouts or any condition, which may cause loss of consciousness? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Any condition, which might cause dizziness, vertigo or loss of balance? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have you ever been unconscious because of a head injury or suffered from concussion within The last 14 days ? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Any brain disorder such as a stroke, MS or Motor Neurone disease? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Any loss of strength, feeling, control or movement any of your limbs, head or neck? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Any condition or operation (including spleen removal) involving your heart or main blood vessels or high blood pressure? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Amputation of any part of your limbs with or without artificial replacement? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Any condition affecting your vision or eyes, including colour blindness? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Any psychiatric or emotional illness or any alcohol/drug/substance misuse? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

The questions below are for information for the First Aid responders in case of incident

- | | |
|---|--|
| 10. Any kind of tumour or cancer? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Diabetes? If 'Yes' please state whether treated by diet, tablet or insulin? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Are you taking medication?
(Include all tablets, medicines etc. whether prescribed or bought over the counter) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. Do you carry an EPI Pen while racing? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Medical details

By signing below I declare that I know of no reason medical or otherwise why a competition licence should not be issued to me and I undertake to abide by the Rules and Regulations of the SACU Ltd.

X – Rider's Signature:

Date: ___/___/2023

X – Parent or Guardian Signature for rider under 18:

Date: ___/___/2023