

SACU Ltd Motorcycle Sport in Scotland since 1913
YOUTH OFF-ROAD ONE-EVENT COMPETITION/PRACTICE LICENCE – 2026



RIDER NO:

- This is an Off-Road Youth one-event licence valid only for events organised under a SACU Permit, for Closed to Club, Open to Scotland/Open Event, 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.**
- 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: ____/____/2026

Please indicate previous rider status attained: NOTE; minimum age restrictions apply

<input type="checkbox"/> TRIALS:	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
<input type="checkbox"/> MOTOCROSS:	<input type="checkbox"/> ENDURO (Practice only)	<input type="checkbox"/> HARE & HOUND	<input type="checkbox"/> QUAD	Previous Licence holder / Class Entered:	
Identity of rider confirmed by: Birth Certificate / Passport / Bank Card / Drivers' Licence / Other – detail in space below:					
Fee Paid to Club: £					
Event Secretary's Signature:				Date: ____/____/2026	

Rider's Personal Details

Family or Surname:	First Name (s):
Full Address:	
Town:	
Postcode:	ICE 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.

Youth Rider's Signature:

Date: ____/____/2026

Parent or Guardian Signature for rider under 18:

Date: ____/____/2026



28 West Main Street, Uphall,
West Lothian, EH52 5DW
Tel: 01506-858354

2026 PARENTAL AGREEMENT FORM – SINGLE EVENT USE

CLUB/ORGANISERS:	DATE OF EVENT:	RIDER NO: <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; vertical-align: middle;"></div>
VENUE:	SACU PERMIT NO:	
EVENT: TRACK CERT. NO:		
RIDER/PASSENGER		
SURNAME:		FIRST NAME:
ADDRESS:		POST CODE: DOB:
TELEPHONE:		SACU LICENCE NO/TRIALS REG CARD:.....
PARENT/GUARDIAN		
I		RESIDING AT:
THE PARENT/GUARDIAN OF: (CHILDS NAME)		

Understand that my child (child's name) (hereinafter referred to as my child) wishes to participate in motorcycling events for which he/she is eligible and entered for during the period till the end of this year.

I declare as follows: -

1. That I am familiar with the nature of the competition and the risk inherent therein and that I will have the opportunity to inspect the course/track/circuit and its facilities before he/she attempts them.
2. I am satisfied and content that my child be allowed to participate as a competitor and that he/she is competent to do so.
3. In consideration of the organisers allowing my child to compete I hereby agree and undertake to indemnify the Scottish Auto Cycle Union, it's organisers, their servants of agents, officials, the promoter or other bodies or individuals connected with the event in respect of any claim by my child in respect of 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 competition.
4. My child does not suffer any physical or mental disability, which would make it unsafe for him/her to participate as a competitor.
5. It is my responsibility to ensure that my child and I have read and understand the General Regulations of the National Sporting Code of the ACU/SACU, Standing Regulations, Supplementary Regulations and Entry Form and that he/she will comply with them.
6. To the best of my belief my child possesses the standard of competence necessary for an event of the type to which his/her entry relates and that the machine entered is suitable, roadworthy, safe and complies with the Regulations.
7. **ACKNOWLEDGEMENT OF THE RISKS OF MOTORSPORT:** I understand that by taking part in this event I am exposed to a risk of death, becoming permanently disabled or suffering some other serious injury and I acknowledge that even in the event that negligence on the part of the ACU, any event organiser, any circuit owner, the promoter, the organising club, the venue owner, or any individual carrying out duties on their behalf 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.
8. I declare as follows: - 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 child does not suffer from any physical, medical or mental disability which would make it unsafe for him/her to participate either as a competitor or for Practice.
9. I accept that photographs or video films may be taken of my child by officials dealing with safety issues or accident investigations.
10. I consent to details of any injuries to the child in my care may suffer at this event being passed between all medical services and the Clerk of the Course/ Secretary of the Meeting.

Print Name of Parent/Guardian..... Signature of Parent/Guardian.....

Print name of Witness..... Signature of Witness.....

In the event of Non attendance at any race meeting, I hereby confirm that:

Name: Date of Birth.....

Residing at has full responsibility in guardianship for my said child

(Name) residing at for the entire duration of the said race meeting.

11. They have the full consent and authority to act in loco parentis. My said consent and authority in giving this mandate is irrevocable.

12. The said (Name) is not related by blood to the said child.

Print Name of person acting as Guardian..... Signature of Person acting as Guardian.....

Print name of Witness..... Signature of Witness.....

