Dawn to Dusk Racing Ltd

YOUTH - Entry Form

Name: The Dawn to Dusk 2 Hour Youth Enduro
Venue: Seven Sisters, Signed off A4109, Glynneath, A465, South Wales SA10 9LW
Date and Time: Saturday 25th August 2012 - **2 Hour Duration**
Entry: £43.00 **per Person**

Rider Name	

Please enter rider in the following class: (Circle)

Senior (14 – 15 years)	**Intermediate (12 – 13 years)**	**Junior (10 - 11 years)**	

I hereby declare that I have read and understand the rule book of the ORPA and agreed to be bound by them together with the supplementary regulations as have or may be issued for the event. I further declare that I am physically and mentally fit to take part in the event and am competent to do so. I confirm that I understand the nature and type of the event and the risks inherent with the sport and agree to accept the same not withstanding such risks may involve negligence on the part of the organization and / or officials. I further agree that I shall not seek to claim against the ORPA, the organizers and / or officials, the land owner, the promoter or other bodies or individuals connected with the event in respect of any damage to my property howsoever caused and whether by the negligence or breach of statutory duty of the said bodies and persons. I further agree that the machine, which I enter and race shall be suitable and proper for its purpose and that it will comply with the regulations in respect thereof. I understand and agree that I am required as soon as I arrive at the venue to register my arrival and sign on at any designated area.

Signed by Parent or Guardian **Date**
The signatory MUST attend and supervise their entrant at the course on race day.

The signatory MUST show to the signing-on official, legal proof of this entrant's age.
Acceptable proofs are: Birth Certificate or Extract of Birth Certificate; Passport; NHS Registration Certificate.
Office use only: please write what proof of age shown

Rider Name _____
Address _____
_____

Date of Birth _____

Contact Numbers _____
Machine Make _____ Model _____
Engine Number _____ Frame Number _____

Year of Manufacture _____

Youth Medical Form 2011

Have you been treated for, have, have ever had any of the following:

Head injury	YES / NO	Unconsciousness or concussion	YES / NO
High blood pressure/heart disorder	YES / NO	Dizziness, fainting, epilepsy	YES / NO
Fits or blackouts	YES / NO	Disease, injury or operation to eye(s)	YES / NO
Wear spectacles	YES / NO	Suffer respiratory problems or asthma	YES / NO
Any condition which affects movement of arms or legs	YES / NO		

If you have answered YES to any of the above statements, please give further details:
……..

Please give the name and address of your Family Doctor:
……

Signature of Applicant……**Date**…….

PARENTAL AGGREEMENT

The form MUST be completed at the time of application for a Racing Licence or Day Licence by the PARENT/LEGAL GUARDIAN of each Licence Holder who is under the age of 18 years old.
Held under the Standing Regulations and any Supplementary Regulations that have been or may be used.

PLEASE PRINT YOUR NAME AND RIDERS NAME CLEARLY IN THE BOX BELOW

I,…….

the parent/guardian of……. ……...

(childs name) (hereinafter refered to as 'my child') understand that my child wishes to participate in race meetings and/or practice/testing sessions.

I declare as follows:

That I am familiar with the nature of racing and practising/testing and the risk inherent and that I will have the opportunity to inspect the course/track/circuit and facilities before allowing my child to take part. I am satisfied and content that my child be allowed to participate in the racing events and that he/she is competent to do so.

In consideration of the organisers allowing my child to compete, I hereby agree and indemnify the Off Road Promoters Association, its organisers, their servants or agents, officials, the promoter of other bodies or individuals connected to the event in respect of any claim by my child in respect of any injury or any damage to my property however caused, and including without limitation their negligence and/or breach of statutory duty arising from my childs participation in the event.

My child does not suffer from any physical or mental disability, which would make it unsafe for him/her to participate in any events as a competitor.

It is my responsibility to ensure that my child and I have read and understand the Regulations and Supplememtary Regulations issued for any event/meeting that he/she wishes to compete/participate in and that he/she will comply with them. To the best of my belief, my child posseses the standard of competence necessary for competing in racing events and/or practising and that the machine is suitable, safe and complies with the Regulations.

Signature of Parent/Guardian……..…….**Witness** by……..…….Date……

Paid by Cheque?

If you do not wish/are unable to pay on-line using the automated booking process, send us this completed entry form AND the Medical Form with a signed and dated cheque made payable to Dawn to Dusk Racing Ltd, to the address below. Then please BRING PROOF OF DATE OF BIRTH on the day

Paid online?

If you have paid on-line please print out and bring a copy of this form AND the Medical Form completed and signed with you on the day.