

HEALTH & DISABILITY DECLARATION

Doctors Name: _____ Phone: _____

<i>Have you been treated for, or do you have any of the following?</i>	YES	NO
a) Nervous breakdown, mental disorder	<input type="checkbox"/>	<input type="checkbox"/>
b) Head injury with unconsciousness or concussion	<input type="checkbox"/>	<input type="checkbox"/>
c) Heart disease or disorder	<input type="checkbox"/>	<input type="checkbox"/>
d) High blood pressure, anemia or blood disease	<input type="checkbox"/>	<input type="checkbox"/>
e) Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
f) Dizziness, fainting spells, fits or blackouts	<input type="checkbox"/>	<input type="checkbox"/>
g) Allergic reactions	<input type="checkbox"/>	<input type="checkbox"/>
h) Have your ever had any disease, injury or operation to either eye	<input type="checkbox"/>	<input type="checkbox"/>
i) Have you any abnormality to any part of the upper or lower limbs ...	<input type="checkbox"/>	<input type="checkbox"/>
j) Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Brand of Inhaler _____		

If you have answered yes to any of the above, please supply a medical clearance which states that you are medically cleared to compete in motorcycle competition.

~~~~~

***To Assist Our Data Base Please Complete The Following***

What discipline or disciplines do you regularly compete in – please circle

**Cross Country Trail Rides ATV Road Race Enduro Speedway Motocross Trials Classic Supermoto**

**ENCLOSE CURRENT CLUB MEMBERSHIP CARD *or*  
CLUB PRESIDENT / SECRETARY TO COMPLETE THE FOLLOWING:**

The Applicant is a Financial Member of the \_\_\_\_\_ Club

Membership Expiry Date: \_\_\_\_\_

Signature: \_\_\_\_\_

# RACING NUMBER REQUEST

Racing numbers are allocated from the office in the following disciplines.  
Please tick applicable class or classes:

| Junior Motocross                         | Senior Motocross                            | ATV                                  | Road Race                                  |
|------------------------------------------|---------------------------------------------|--------------------------------------|--------------------------------------------|
| 8-10 yrs 85cc <input type="checkbox"/>   | National 500cc <input type="checkbox"/>     | All classes <input type="checkbox"/> | 125cc <input type="checkbox"/>             |
| 11-12 yrs 85cc <input type="checkbox"/>  | National 250cc <input type="checkbox"/>     |                                      | 250 GP <input type="checkbox"/>            |
| 13-16 yrs 85cc <input type="checkbox"/>  | National 125cc <input type="checkbox"/>     |                                      | Formula 3 <input type="checkbox"/>         |
| 12-16 yrs 150cc <input type="checkbox"/> | Expert Over 200cc <input type="checkbox"/>  |                                      | Sidecars <input type="checkbox"/>          |
| 12-14 yrs 125cc <input type="checkbox"/> | Expert Under 200cc <input type="checkbox"/> |                                      | Sports Production <input type="checkbox"/> |
| 15-16 yrs 125cc <input type="checkbox"/> | Intermediate <input type="checkbox"/>       |                                      | Prod.Superbike <input type="checkbox"/>    |
| 14-16 yrs 250cc <input type="checkbox"/> | Novice <input type="checkbox"/>             |                                      |                                            |
|                                          | Veteran <input type="checkbox"/>            |                                      |                                            |
|                                          | Cross Country <input type="checkbox"/>      |                                      |                                            |

~~~~~

MNZ Competition Licence Acceptable Methods of Payment

Cheque: Made payable to Motorcycling New Zealand

Credit Card: Visa Mastercard

Card No

				-					-					-				
--	--	--	--	---	--	--	--	--	---	--	--	--	--	---	--	--	--	--

Card Account Name: _____ **Expiry Date:** /

Amount: \$ _____

Signed: _____ **Date:** _____

~~~~~

**Full Competition Licence**

- \* Senior ..... \$125
- \* Junior ..... \$125
- \* Mini MX ..... \$ 95
- \* Over 60 ..... \$ 50
- \* Duplicate  
(lost licence) ..... \$10

**Club Competition Licence**

- \* Senior ..... \$75
- \* Junior ..... \$75
- \* Mini MX ..... \$75
- \* Over 60 ..... \$40

**I ACKNOWLEDGE AND AGREE** that in the event of the grant to me of the competition licence for which I am applying or any competition licence now or hereafter granted to me by Motorcycling New Zealand I will in all respects be bound by the general Competition and other Rules of Motorcycling New Zealand (Inc) as found in the current MNZ Manual of Motorcycle Sport and any amendments of them or rules made in substitution for them and in particular acknowledge that the said Motorcycling New Zealand Inc. Rules provide (inter alia)

1. That in the event of my being found guilty of a breach of the said Rules I may be fined, reprimanded privately or in public, excluded, suspended or disqualified and in the event of a disqualification or suspension my licence may be forfeited either completely or for such period as may be fixed.

2. That the Annual Fee for Motorcycling New Zealand Inc. competition Licence may be changed from time to time and I agree to pay the amount of same forthwith or within such period as may be stipulated.

**I AGREE AND ACCEPT** that the posting of a copy of the said rules to me at the address I give on this application shall be deemed to be adequate notice to me of all the terms and provisions of them,

**IN CONSIDERATION** of the issue to me of a Competition Licence and of my being permitted to participate in any meeting held under the auspices of Motorcycling New Zealand Inc. (hereinafter called MNZ) or any of its affiliated bodies or Clubs and of each competitor giving and granting to me an indemnity in similar form to this for my executors, administrators and assigns I do hereby indemnify and agree to keep indemnified and save harmless MNZ, its servants, agents and employees, any and all other competitors in any race meeting or event in which I participate, the owner, lessee or person entitled to possession of any land or place on which such race meeting or event is taking place or is to take place and all other persons or bodies whether spectators or otherwise from and against all action, claims, demands and costs of whatsoever nature and kind and whether brought by me or any other Body or person caused directly or indirectly or howsoever arising from and out of my participating in any event or race meeting or my presence on any land or place on which such event is to take place, held by or under the auspices of the MNZ or by any Body or Club affiliated to it or having authority whether expressed or implied from the MNZ so to do and I further acknowledge and accept that the aforesaid indemnity is given and is to ensure during such period as I am the holder of the licence for which I am applying or another competition licence now or hereafter granted to me by the MNZ.

**I CERTIFY** that the above statements are true and accurate and I understand my licence may be withdrawn if this should prove not to be so, I also authorise any hospital or medical practitioner to furnish information relative to my medical condition to Motorcycling New Zealand Inc.

**I CONSENT** to the collection of the above details by Motorcycling New Zealand Inc. for the purpose of a membership record and for Motorcycling New Zealand Inc, to retain and disclose these to affiliated clubs and registered Private Promoters.

**I ACKNOWLEDGE** my right to access and correction of this information. This consent is given in accordance with the Privacy Act 1993,

**I ACKNOWLEDGE** that I have read, understand and accept the foregoing.

**I ACKNOWLEDGE** that the annual licence fee or one event licence fee is not refundable either in part or full.

**I ACKNOWLEDGE** the benefits payable in the member's insurance scheme published in the current Manual of Motorcycle Sport.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**FOR APPLICANT UNDER 16 YEARS**

I \_\_\_\_\_, **being the parent/legal guardian of the above applicant, hereby consent to the granting of his/her application.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

|                                                 |                    |                              |                                                   |
|-------------------------------------------------|--------------------|------------------------------|---------------------------------------------------|
| <b>MOTORCYCLING NEW ZEALAND OFFICE USE ONLY</b> |                    |                              |                                                   |
| Date Processed: ____/____/____                  | Amount \$ _____    | Chq <input type="checkbox"/> | Cash <input type="checkbox"/> Credit Card # _____ |
| Club: _____                                     | Expiry Date: _____ |                              |                                                   |
| Racing # _____                                  |                    |                              |                                                   |

