

**NORTH LANARKSHIRE SCRAMBLE AND QUAD BIKE CLUB**  
**Membership form 2012/ 2013**



NLSQBC Provide 5 categories of membership as noted below. Parent Adult Volunteers will receive membership free in return for commitment to helping in the running of the club. One complete set of forms required per rider. Adult details only required on one form for a family or riders with the same guardian/ adult volunteer.

**Please tick the membership type(s) you are applying for:**

- |   |                          |                                    |
|---|--------------------------|------------------------------------|
| Junior (6 to 12 years)                  | <input type="checkbox"/> | Annual membership fee £20          |
| Youth (12 to 18 years)                  | <input type="checkbox"/> | Annual membership fee £20          |
| Adult Rider (18 to 25 years)            | <input type="checkbox"/> | Annual membership fee £25          |
| Parent Family/ Adult Volunteer          | <input type="checkbox"/> | Free                               |
| Parent A/V Rider                        | <input type="checkbox"/> | Donation £25                       |
| NLSQBC Registration Leisure licence fee | <input type="checkbox"/> | Is included in your membership fee |

**Total Fees Paid** £ \_\_\_\_\_

**NLSQBC REGISTRATION LICENCE NUMBER ISSUED 2012 .....**  
**DATE OF ISSUE.....**

**Member Details :** (Please complete in **Block Capitals**)

Name : ..... Date of Birth: ...../...../.....  
 Address : .....  
 : .....  
 Post code : ..... Tel No: .....  
 E-mail address : ..... Tel No (mobile).....

If this is a renewal please provide your Club Membership Number

**Signature:** ..... **Date**...../...../.....

**Volunteer Parent(s)/Guardian(s) Details :**

Name (1) : ..... Date of Birth: ...../...../.....

If this is a renewal please provide your Club Membership Number(s)

Name (2) : ..... Date of Birth: ...../...../.....

If this is a renewal please provide your Club Membership Number(s)

Address (if different from above)  
 : .....  
 : .....  
 Post code : .....  
 Tel No : .....  
 E-mail address: .....

**Signature** (Only one required) : ..... **Date**...../...../.....

**Data Protection Act**

The data protection Act requires that we have your permission to keep these details on a computer file. We do not intend to pass on information to anyone else other than NLSQBC members **and the SACU** to assist in the management of the club.

I agree that my details are kept and distributed as stated above.

**Yes**  **No**

**I also declare that I know no reason why a leisure registration licence should not be issued to me in consideration of such issue I undertake to abide by the rules and Regulations of the NLSQBC and SACU Ltd.**

Send completed forms, 2 passport photos and payment to:

**Bob Reid, 16 Chestnut Grove, Larkhall, ML9 2AS**

Cheques should be made payable to: "North Lanarkshire Scramble and Quad Bike Club"

**NORTH LANARKSHIRE SCRAMBLE AND QUAD BIKE CLUB**  
**Membership form 2012/ 2013**



**Applicants Signature:** .....**Date**...../...../.....

**MEMBERS GENERAL INFORMATION SHEET**

Please complete and Hand in with membership form

The collecting of this information from the members, is needed to allow the club to have a overall picture of personal experience, members bike types, engine size, bike age, and personal equipment. This type of information will be valuable when applying for club funding.

Name : ..... Membership No : .....

Date : ...../...../.....

Bike type/ make : .....

Bike age (year of manufacture) : .....

Engine size : .....

Has your machine/engine been modified or upgraded? Yes  No

(If yes, you must report any changes to the machine to the Club Technical Officer, as it may affect your Insurance cover at events)

Engine number : .....

Frame number : .....

Do you have the manual for your bike? Yes  No

Bought new Yes  No

Bought second hand Yes  No

**Do you have the following equipment?**

Helmet	<input type="checkbox"/>	Age <input type="checkbox"/> yrs	New <input type="checkbox"/>	Second hand <input type="checkbox"/>
Bike Boots	<input type="checkbox"/>	Bike Gloves	<input type="checkbox"/>	<input type="checkbox"/>
Body Armour	<input type="checkbox"/>	Elbow Protection	<input type="checkbox"/>	Knee Protection <input type="checkbox"/>
Bike Goggles	<input type="checkbox"/>	Biking Shirt	<input type="checkbox"/>	Biking Trousers <input type="checkbox"/>

**Experiences**

How long have you had your present bike? .....years .....months

Is it your first bike? Yes  No  If No how many have you had?

Have you attended a Bike School for Instruction? Yes  No

If yes where? :..... When: .....

**Comments**

What types of things do you expect to be provided by the club?

.....  
 .....

Is there anything you think you can you do for the benefit of the club?

Send completed forms, 2 passport photos and payment to:

**Bob Reid, 16 Chestnut Grove, Larkhall, ML9 2AS**

Cheques should be made payable to: "North Lanarkshire Scramble and Quad Bike Club"

**NORTH LANARKSHIRE SCRAMBLE AND QUAD BIKE CLUB**  
**Membership form 2012/ 2013**



**Adult and Youth Member Consent Forms**

**Note:** Any time a Junior or Youth member attends with another adult, but **not** their parent/s they are **required** to submit a consent form at registration.

This form **must** be completed for each Riding member

To be completed by all Parents or Guardians over 18 years of age. (Please use block capitals)

**Member Details :**

Name : ..... Date of Birth: ...../...../.....  
Address : .....  
Post code : .....  
Tel No : .....

**Details of Activities**

NLSQBC: The club will produce a yearly events programme. Which will include the clubs Biking and Training events; each paid member will receive a copy at the start of the year. Which will give the Dates, Times and Venues. This one consent form is intended to cover all events of the club programme.

**ALL RIDERS 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 in the space provided at the end of this section. 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: By answering 'yes' to any of the following questions may result in further investigation and may delay the issuing of any licence by the SACU.**

Have you ever suffered from or are you currently suffering from any of the following illnesses or conditions:

- |   |               |
|---|---------------|
| 1. Epilepsy, fit, blackouts or any condition, which may cause loss of consciousness?  | <b>yes/no</b> |
| 2. Any condition, which might cause dizziness, vertigo or loss of balance?  | <b>yes/no</b> |
| 3. Have you ever been unconscious because of a head injury or suffered from concussion?                                     | <b>yes/no</b> |
| 4. Any brain disorder such as a stroke, MS or Motor Neurone disease?  | <b>yes/no</b> |
| 5. Any loss of strength, feeling, control or movement any of your limbs, head or neck?                                      | <b>yes/no</b> |
| 6. Amputation of any part of your limbs with or without artificial replacement?   | <b>yes/no</b> |
| 7. Any condition or operation (including spleen removal) involving your heart or main blood vessels or high blood pressure? | <b>yes/no</b> |
| 8. Any kind of tumour or cancer?  | <b>yes/no</b> |
| 9. Diabetes? If 'Yes' please state whether treated by diet, tablet or insulin?  | <b>yes/no</b> |
| (If 'yes' then section 4 Eyesight Report must be completed.   |               |
| 10. Any psychiatric or emotional illness or any alcohol/drug/substance misuse?  | <b>yes/no</b> |
| 11. Any condition affecting your vision or eyes, including colour blindness?  | <b>yes/no</b> |
| 12. Are you taking medication?  | <b>yes/no</b> |

(Include all tablets, medicines etc. whether prescribed or bought over the counter)

Please use this space to give further details if you have answered 'yes' to any of the above questions:

(Note: if you have a inhaler for Asthma etc, then please make sure that they accompany you to each events)

Send completed forms, 2 passport photos and payment to:

**Bob Reid, 16 Chestnut Grove, Larkhall, ML9 2AS**

Cheques should be made payable to: "North Lanarkshire Scramble and Quad Bike Club"

**NORTH LANARKSHIRE SCRAMBLE AND QUAD BIKE CLUB**  
**Membership form 2012/ 2013**



**Adult and Youth Member Consent Forms (cont)**

**Emergency Contact Information**

Persons Names : .....

Relationship to participant : .....  
(i.e.) husband,wife, sister, etc.)

Contact Telephone Numbers:  
Home: ..... Mobile: ..... Work: .....

Home address : .....  
: .....

If not available at the above, please contact the following in emergency only:

Name : ..... Telephone No: .....

Address : .....  
: .....

Family Doctor Name(s) : .....

Telephone Number : .....

Address : .....  
: .....

**Consent :**

I agree (for my child) to take part in the club annual events programme and have read the information sheet. I agree to my participation in any or all of the activities described. I acknowledge the need for responsible behaviour on my part and failure to comply with this could result in my participation being terminated. I undertake to inform the leader-in-charge as soon as possible of any changes in my (or my child's) medical circumstances between the dates on which this form is signed and the commencement of the activity. I agree (for my child) to receive emergency treatment, including anaesthetic, as considered necessary by the medical authorities present.

**I also declare**

1. That I am familiar with the nature of the events 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 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 SACU, 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 event.
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 SACU National Code of conduct 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 in a suitable and safe condition and complies with the regulations.

**Signed:** ..... **Date**...../...../.....

Please tick as appropriate:

- I am the parent/ legal guardian of a child attending with another adult.
- I am signing as the parent/ legal guardian of a child under 18

**Note: This original completed form must be taken to each event by the event organiser.**

Send completed forms, 2 passport photos and payment to:  
**Bob Reid, 16 Chestnut Grove, Larkhall, ML9 2AS**  
Cheques should be made payable to: "North Lanarkshire Scramble and Quad Bike Club"

**NORTH LANARKSHIRE SCRAMBLE AND QUAD BIKE CLUB**  
**Membership form 2012/ 2013**



**NORTH LANARKSHIRE SCRAMBLE AND QUAD BIKE CLUB**  
**CODE OF CONDUCT**

**To be retained by club member.**

As a paid member of the NLSQBC you are expected to comply at all times with the “SACU National Code of Conduct”, which is as follows.

On joining you will receive a NLSQBC Recreational Riders Licence and a copy of your club Constitution, which outlines the Aims and Objectives and workings of the club.

This club has been established to encourage the youth and young adults from many areas of North Lanarkshire, to come together, and to become involved in the whole range of the sport.

**AIMS:** OUR CLUB AIMS ARE TO TEACH YOUNG PEOPLE to be safe riders and responsible citizens in the sport of biking through this “code of conduct”.

- a) As the club is affiliated to the Scottish Auto-Cycle Union (SACU). Each member will also be personally responsible in complying with the Scottish Auto-Cycle Union Rule Book, and Guidelines at all times.
- b) Members are expected to have a general knowledge of the law relating to road and off road bikes, and to comply within the Law at all times.
- c) No member will use their Scramble or Quad bikes, on public roads, or on Local Council owned grounds, and property, such as Country Parks, Open Spaces, Footpaths or Football pitches.
- d) Anyone who violates these rules will be asked to appear in front of a Committee meeting, to explain their action. And will run the risk of being expelled from the club.
- e) Members have a responsibility, at all times, to have a safe and well maintained bike.
- f) Members, while competing or practising, must comply at all times with instructions of the Course Officials.
- g) Members must wear all the protective gear, while competing or practising.
- h) Any member who is assisted by the kindness of another club member, in the transporting of their bikes /quads to a venue will be expected to assist in the financial expense of getting there.
- i) All members will be expected to be environmentally responsible for the proper cleaning and the proper disposal of oils etc from bikes.
- j) Members are requested at all times, to limit bike noise, and to refrain from disturbing the general public and wildlife.
- k) **It is not acceptable** for parents, guardians or adult volunteers to bring undue pressure, abuse or bully any riders, including their own children. This club is for recreational riding and the prime aim is for safe, fun riding and training. Such behaviour will not be tolerated. Any adult doing so may be called to account in front of a Committee meeting to explain their action and will run the risk of being expelled from the club.

This code of conduct may be altered in the future, by adding or rescinding any part, so long as it is agreed, that it is in the interest of all the club members, and the club good name.

*Send completed forms, 2 passport photos and payment to:*  
**Bob Reid, 16 Chestnut Grove, Larkhall, ML9 2AS**

*Cheques should be made payable to: “North Lanarkshire Scramble and Quad Bike Club”*