

NORTH LANARKSHIRE SCRAMBLE AND QUAD BIKE CLUB MEMBERSHIP RENEWAL 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)		Annual membership fee £20
Youth (12 to 18 years)		Annual membership fee £20
Adult Rider (18 to 25 years)		Annual membership fee £25
Parent Family/ Adult Volunteer		Free
Parent A/V Rider		Donation £25
NLSQBC Registration leisure licence fee		Is included in your membership fee
Total Fees Paid		£ _____

ALL RIDERS MUST COMPLETE THIS MEDICAL 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:

- Epilepsy, fit, blackouts or any condition, which may cause loss of consciousness? yes/no
 - Any condition, which might cause dizziness, vertigo or loss of balance?
yes/no
 - Have you ever been unconscious because of a head injury or suffered from concussion? yes/no
 - Any brain disorder such as a stroke, MS or Motor Neurone disease? yes/no
 - Any loss of strength, feeling, control or movement any of your limbs, head or neck? yes/no
 - Amputation of any part of your limbs with or without artificial replacement? yes/no
 - Any condition or operation (including spleen removal) involving your heart or main blood vessels or high blood pressure? yes/no
 - Any kind of tumour or cancer? yes/no
 - Diabetes? If 'Yes' please state whether treated by diet, tablet or insulin? yes/no
 - (If 'yes' then section 4 Eyesight Report must be completed.)
 - Any psychiatric or emotional illness or any alcohol/drug/substance misuse? yes/no
 - Any condition affecting your vision or eyes, including colour blindness?
yes/no
 - Are you taking medication? yes/no
- (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 an inhaler for Asthma etc, then please make sure that they accompany you to each event)

NLSQBC REGISTRATION LICENCE NUMBER ISSUED

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.

Members are required to notify the club of any changes made to their machine or engine

Riders Name (please print).....

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

Club Official Signature:.....**Date**...../...../.....

Adult and Youth Member Consent Forms 2012/2013

Riders Name (please print).....

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.

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

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

Return form and payment to:

NLSQBC 16 Chestnut Grove Larkhall ML9 2AS

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

Any queries email – nlsqbc@btinternet.com or call 07538399212