



MotorCycling Ireland

Motorcycle Union of Ireland (Southern Centre) Ltd

t/a

Motorcycling Ireland Ltd

Unit 18 the Beat Centre, Balbriggan Co Dublin

Phone: 01 8020480

Email: nikki@motorcycling-ireland.com Website: www.motorcycling-ireland.com

Registered in Ireland Reg no: 98070

Affiliated Club:

PARADE LICENCE 2018

Applicant's Name: _____
(Please Print) Used First Name Surname

Address: _____
_____.

Telephone Number _____ Date of Birth: __/__/__ Email _____

LICENCE FEE: €20

MEDICAL DECLARATION

DO YOU SUFFER FROM EPILEPSY, DIABETES, A HEART RELATED ILLNESS OR ANY OTHER ILLNESS OR DISABILITY THAT WOULD IMPAIR YOUR ABILITY TO COMPETE IN MOTORCYCLE COMPETITION EVENTS?

Please note that Motorcycling Ireland (Southern Centre) Ltd, may ask a licence holder to produce a signed Medical certificate at any time

DECLARATION

I declare that the information I have given is true and correct. I agree to abide by the Rules and Regulations of the Motorcycling Ireland (Southern Centre) Ltd and any additional Rules and Regulations, which may subsequently be introduced.

* Signature of Applicant _____ Date: __/__/__

CLUB MEMBERSHIP VERIFICATION

I verify that the APPLICANT on this LICENCE FORM is a member of the

_____ Club LTD.

Signed: _____ Date: __/__/__
Signed by Club Secretary, Treasurer

MEDICAL CERTIFICATE

ALL SECTIONS MUST BE COMPLETED BY THE APPLICANT / PARENT / GUARDIAN

PERSONAL DETAILS

Surname: _____ First Name: _____ Birth Date: __/__/__

Address: _____

Sex: Male Female National Federation: _____

Medical History (to be completed by applicant or responsible parent or guardian if applicant is a minor): Circle where appropriate:

	DETAILS
Loss of, consciousness for any reason, dizziness or headache	YES/NO _____
Eye trouble (except glasses)	YES/NO _____
Asthma	YES/NO _____
Allergy to medicines or drugs	YES/NO _____
Diabetes	YES/NO _____
Heart Trouble	YES/NO _____
Blood pressure disorder	YES/NO _____
Stomach trouble (ulster, etc.)	YES/NO _____
Uro-genital trouble	YES/NO _____

Epilepsy or convulsions	YES/NO _____
Mental or nervous disorder	YES/NO _____
Trouble with arms-or legs incl. muscle cramp or joint stiffness	YES/NO _____
Blood disorder with tendency to bleeding	YES/NO _____
Operations	YES/NO _____
Do you take regularly medicine or drugs?	YES/NO _____
Other illnesses	YES/NO _____

- I have not been banned! on medical grounds, from taking part in any other sport.
- I do not take drugs and do not abuse alcohol.
- In case of emergency, I authorise any qualified person to administer the necessary treatment, medical and or surgical, including the administration of blood or blood products. I also agree to information concerning my medical condition being given by the Doctor in Charge to the Clerk of the Course, and to my own doctor and relatives.
- I declare that the information that I have given is the truth.
- I agree to the information on the Medical Examination Form being sent to the doctor of my FMN.

Signature of applicant (or responsible Parent or Guardian if a minor)

_____ Date: __/__/__

MEDICAL EXAMINATION

TO BE COMPLETED BY THE EXAMINING DOCTOR
(IF ALL ANSWERS ABOVE ARE NO, NO MEDICAL REQUIRED IF YES MEDICAL REQUIRED).

	NORMAL	ABNORMAL	DETAILS (if abnormal)
Cardio-vascular system:	_____	_____	_____
Blood Pressure:	_____	_____	_____
Pulse:	_____	_____	_____
Respiratory system:	_____	_____	_____
Head	_____	_____	_____
Peripheral	_____	_____	_____
Ear, nose and throat, in particular vestibulocochlear apparatus:			
right	_____	_____	_____
left	_____	_____	_____
Locomotor system:			
Arm			
right	_____	_____	_____
left	_____	_____	_____
Leg			
right	_____	_____	_____
left	_____	_____	_____
Spine	_____	_____	_____
Abdomen (hernia)	_____	_____	_____

Eyes:

Distant vision	
right	_____
left	_____ without correction
right	_____
left	_____ with correction (if worn)

Urine:

Albumen	_____
Glucose	_____

Any long-term medication _____

Any other comment: _____

- I, the undersigned, certify that this person is fit to take part in motorcycle events.
- I, the undersigned, certify that this person is NOT FIT to take part in motorcycle events.
- I recommend that this person be examined by a member of the Medical Committee of the M.C.I. or doctor appointed by the M.C.I.
(Tick which box applicable)

Date of examination: __/__/__

Signature and STAMP of Doctor: _____

TYPE P Licence entitles the holder to take part in parade laps at any Road Race or Short Circuit event. A general qualification for a Parade Lap Licence is that the driver must have been the holder of a Short Circuit or Road Race type licence in the past or a current holder of a full Motor Cycle Driving Licence. Holders of current competition licences may take part in parade laps.
No person under the age of 18 will be permitted to hold a 'P' Licence.

Checklist

- Form fully filled out.
- **Club membership verification** page 1 fill out and stamped on front page.
- **Medical Declaration** on page 1 signed.
- **Page 3 Medical Certificate (Self Medical)** completed by yourself.
- Photo
- Payment
- Old licence

If applicable:

- **Page 3 Medical Examination:** to be filled out by your doctor if yes was circled in Medical Certificate (Self Medical).