

ASW 2010  
Registration Application

Full Name

Full Address

Postcode

Telephone

Mob

Date of birth

Email

**Transponder I.D**

ASW watch type - \_\_\_\_\_

ASW WEER - \_\_\_\_\_

AMB - \_\_\_\_\_

Name of club ASW

I declare as follows:

By signing this form I am consenting to my details being stored for the use of Action South West .  
I am advising the Promoters that I am in a good state of health, with no known medical condition or any other condition that may affect my ability to comply with ASW regulations.  
I am familiar with the nature of motorcycle racing, practising & that I am competent to compete in the races I enter.  
In consideration of the organisers I hereby agree & indemnify the Action South West organisation, servants or agents, officials or land owners or any other bodies or individuals connected to the events I enter & including without limitation their negligence and/or breach of statutory duty arising from my participation.  
It is my responsibility to ensure that I have read and understand the regulations and supplementary regulations issued for ANY event/meeting that I compete/participate in & that I will always comply with them.  
It is to my best belief that I possess the standard level of competence necessary for competing in racing events and or practising/testing & that my machine will be suitable, safe, and that it will always comply with the regulations.  
If any of medical or other conditions become after signing this application I will take no further participation in the Action South West events until a senior member has been notified in writing and that a pass certificate has been issued by the organisers.

DATE - CLASS REQUIRED -----

PRINT FEE PAID -----

SIGNED

ASW OFFICIAL SIGNATURE \_ RACE NUMBER ISSUED-----

**APPLICATION FOR ASW ENX REGISTRATION**

FULL NAME: .....

ADDRESS: .....

..... POST CODE: .....

DATE OF BIRTH: ..... MALE/FEMALE\*

I wish to purchase a Registration license for 2010:

Event: ..... Date of Event: .....

Action South West

Venue: .....

**Medical Declaration**

1. Have you been rejected, or accepted at increased premiums for life insurance on medical grounds?  
YES/NO\*

2. Have you been treated for, do you now have, or have you ever had any of the following:

(a) Head injury?  
YES/NO\*

(b) Unconsciousness or concussion (within the last 28 days)? YES/NO\*

(c) High blood pressure/heart disease or disorder? YES/NO\*

(d) Dizziness, fainting spells, epilepsy, fits or blackouts? YES/NO\*

(e) Disease, injury or operation to either eye? YES/NO\*

(f) Do you have any vision defect or loss of sight in either eye? YES/NO\*

(g) Do you have any condition which affects movement of arms or legs? YES/NO\*

(h) Do you have any false or missing limbs? YES/NO\*

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

.....  
.....

I certify that the above statements are true and accurate and I understand my license may be invalid/withdrawn should any prove to be so. I also authorise any hospital or medical practitioner to furnish information relative to my medical condition to ASW.

Signature: ..... Date: .....

Signature of Parent/Guardian: .....(if under 18 years of age)

\*delete where appropriate