



CLUB MEMBERSHIP (Youth Solo) Application Winter/Summer series 09/10

FIRST NAME _____ SURNAME _____ DATE OF BIRTH _____

ADDRESS _____

POSTCODE _____

TELEPHONE _____ MOBILE _____ EMAIL _____

BIKE Manufacturer _____ CC _____ 2 stroke/ 4stroke Please circle

CLASS ENTERED Please choose a number for the relevant class which will be your permanent rider and membership number. Please circle class and write relevant numbers. Leave numbers blank if you have no preferred number. Existing members No's will be saved to the new year, so you can keep the same No as last year.

Class	No's available	1 st Choice	2 nd Choice	3 rd Choice
125cc/ 250 4st	1-99			
85cc BW inc 150's	100 - 199			
85cc Small Wheel	200 - 299			
65cc Class	300 - 399			

Transponders. You can own your own transponder for your rider number. (For full details of our transponder system please see the members page of our website.) If you are changing class and already own transponders please return them to us so we can exchange (no fee) for your new number.

Track n Trail Membership All prices are inclusive of VAT @ 15%. Reg No 864 328 703

Please Tick below

I require ONLY membership with Track n Trail £20

OR

I require membership AND High Speed Transponders £40

I enclose a cheque for £ *Payable to TnT.Track n Trail Ltd.*

ORPA Annual Licence Important all youth riders competing in ORPA events must have an ORPA Year licence. We are unable to issue day licences to youth riders.

If you require an ORPA licence please tick this box. *We will send you an ORPA application form with your membership. The completed form and £12 fee will then need to be returned directly to ORPA. (new ORPA licences for members of Track n Trail starting from October 09 will be valid until the end of 2010)*

SIGNATURE _____

Date _____



MEDICAL QUESTIONNAIRE

For named member _____

1. Has your child named above ever suffered from the following or any other serious illness?

Polio	YES/NO	Asthma	YES/NO
Pneumonia	YES /NO	Fainting	YES/NO
Meningitis	YES/NO	Epilepsy	YES/NO
Attacks	YES /NO	Tuberculosis	YES/NO
Convulsions	YES/NO	Nerves	YES/NO
Heart/Blood Disorder	YES/NO	Other Illnesses	YES/NO*

*Please give details _____

2. Is he/she suffering from any Illness at the moment YES/NO

If YES please give details _____

3. Does he/she have any vision defect YES/NO

If YES please give details _____

4. Does he/she wear spectacles? YES/NO

5. Does he/she have any condition which affects arm or leg movements? YES/NO

If YES please give details _____

6. Does he/she have any false or missing limbs YES/NO

7. Please give name and address of family doctor:

Doctors Name _____

Address _____

I certify that the above facts are true to the best of my belief and there is no known medical reason that would debar my child from competing in Track n Trail. Events.

Signed _____ Date _____

These details are strictly confidential, your doctor will not be contacted without your prior knowledge and in any event where there may be a medical query.