



Visit www.trackntrail.biz email Mike@trackntrail.biz tel: 01202 600675

YOUTH ENTRY FORM WINTER SERIES Hare & Hounds Round 1

11th November 2007 CASTLE PARK, Nr. Dorchester. A fast and technical track, with a mixture of farmland and large woodland, includes natural jumps and some sandy going. Noise Limit 96db, any tyres. Start time 2.00pm duration 1.5 hours.



ENTRY DECLARATION: We the undersigned, parent of the below named child, apply for him/her to enter the event described above and in consideration thereof:

I hereby declare that I have had opportunity to read, and that I understand the National Sporting Code of the O.R.P.A, the O.R.P.A standing regulations, such Supplementary Regulations as have or may be issued for the event, and I agree that my child will be bound by them.

1. I further declare that my child is physically and mentally fit to take part in the event and is competent to do so. I undertake to inform the organisers immediately should any change in my child's condition occur which I have reason to or ought to have reason to believe would affect their ability to continue to participate in this event.

2. That I have completed a medical questionnaire form (see overleaf) and that I will inform the organisers of this event, should my child's medical status have changed.

3. I confirm that I understand the nature and type of events and the risk inherent with the sport and agree to accept the same not withstanding that such risks may involve negligence on the part of the organisers/officials.

4. I further agree that I shall not seek claim against the O.R.P.A, the organisers, the landowners, the promoter or other bodies or individuals connected with the event in respect of any damage to my child's property howsoever caused and whether by negligence or breach of statutory duty of the said bodies or persons.

5. To the best of my belief my child possesses the standard of competence necessary for the above event and that the machine which my child shall enter and race shall be suitable and proper for its purpose and that it will comply with the regulations in respect thereof.

6. I understand and agree that I am required to register my child's arrival by signing on at the event control office or other designated area, not less than 30mins prior to the commencement of said competitor's practice or first competition, whichever occurs first. **All prices are inclusive of VAT. No 864 328 703**

ENTRY FEE (Youth from 10years to 15years of age) MEMBERS £30 or £33 to include ORPA day licence
NON MEMBERS £33 or £36 inc day licence

DECLARATION: I _____ (The undersigned) parent of _____

AGE _____ apply for my child to enter the event described and enclose the fee of £ _____

(Please make cheques payable to TNT:Track n Trail Ltd)

In the event of cancellation TnT will withhold £10 per entry to cover administration costs

Parental signature _____ Date _____

Without a parents signature your entry will not be accepted.

MEMBER INFORMATION: FIRST NAME _____ SURNAME _____
MEMBERSHIP NUMBER _____

The parents of all youth members must sign below to confirm there has been no change in medical circumstances. If there are any changes please inform us on the form overleaf.

I confirm that my child's medical circumstances have not changed since completing the membership form and that those facts are still true to the best of my knowledge and there is no medical reason that would debar my child from entering the ORPA event over leaf. Parents signature. _____

Please send with Cheque and 3 Stamps (no envelopes) to

TnT:Track n Trail Ltd, PO Box 5677, Wimborne BH21 3ZT

Final instructions/race numbers will be sent out 3 days before race. Non Members complete form overleaf.

RIDER INFORMATION

FIRST NAME _____ SURNAME _____

ADDRESS _____

POSTCODE _____

TELEPHONE _____ MOBILE _____ EMAIL _____

BIKE Manufacturer _____ CC _____ AGE _____

CLASS ENTERED (Please circle one only)

Up to 65cc

UP to 85cc Big wheel

Up to 85cc Small Wheel

Up to 125cc

MEDICAL QUESTIONNAIRE

To be completed by ALL non members wishing to enter the event over leaf

For competitors who have already completed a medical form since Winter series 2006/07.

I confirm that my childs medical circumstances have not changed since completing the previous form and that those facts are still true to the best of my knowledge and there is no known medical reason that would debar me from entering the O.R.P.A event overleaf. (If your circumstances have changed please complete form below).

Parents/ Gardans Signature _____

1. Have you 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. Are you suffering from any Illness at the moment YES/NO

If YES please give details _____

3. Do you have any vision defect YES/NO

If YES please give details _____

4. Do you wear spectacles? YES/NO

5. Do you have any condition which affects arm or leg movements? YES/NO

If YES please give details _____

6. Do you 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 me from entering the O.P.R.A. event overleaf.

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.