



MEMBERSHIP (Youth Solo) Application Winter/Summer series 07/08

FIRST NAME _____ SURNAME _____ DATE OF BIRTH _____

ADDRESS _____

POSTCODE _____

TELEPHONE _____ MOBILE _____ EMAIL _____

BIKE Manufacturer _____ CC _____ 2 stroke)

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 Class	1-99			
85cc Big Wheel	100 - 199			
85cc Small Wheel	200 - 299			
65cc Class	300 - 399			

Important all riders competing in ORPA events must have an ORPA day or Year licence.

We are now registered for VAT. All the prices you see are inclusive of VAT. No 864 328 703

Transponders Track n Trail are introducing state of the art passive transponder system for the winter series. You can now own your own transponder for your rider number. (For full details of our new transponder system please see the members page of our website.)

Track n Trail Membership

I require membership with Track n Trail £15

I require a High Speed Transponder £20

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

ORPA Annual Licence

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 £11 fee will then need to be returned directly to ORPA.

SIGNATURE _____ Date _____

TnT:Track n Trail Ltd

P.O. Box 5677, Wimborne, Dorset BH21 3ZT

Tel Mike [01202 600675](tel:01202600675) Visit www.trackntrail.biz email Mike@trackntrail.biz



MEDICAL QUESTIONNAIRE

For named member _____

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.