

Rider Details



Tel: +264 81 124 3522 E-Mail: <u>enquiry@NamXSport.com</u> Website: <u>www.NamXSport.com</u>



RACE ENTRY

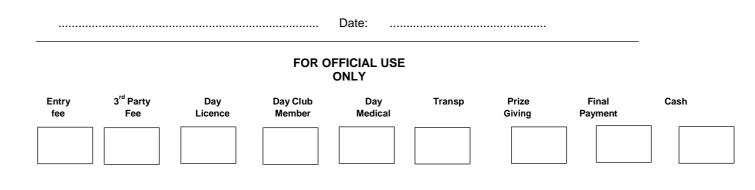
First name	Surname
E-Mail	Cell Number
Postal Address	Town
Name of Club	Member Number
NMSF License No.	Medical Aid Group
Medical Aid No.	ID No.

Machine Details:

Make of Motorcycle	Capacity	Year Model	
Туре	Racing No.	2-Stroke / 4-Stroke	

I hereby certify that the above particulars are true and correct and that the motorcycle entered complies with the regulations governing the event. I have read and understood the regulations for this competition and agree that they shall be binding upon me. I, as the rider (or the guardian of the rider) of the machine entered, believe that it complies with the regulations and specifications for the event entered. I accept subject to my rights of protest and appeal that if my machine does not comply with the regulations and specifications, that I will be excluded from the event concerned. Provided, however that the Stewards of the Meeting may waive the automatic suspension should they at their absolute discretion decide that the contravention does not afford any advantage. I hereby indemnify the NMSF, FIM-Africa, the promoter, organiser, guarantor and sponsor(s) of the competition and the owner(s) of any property on which the competition is held any government, provincial or municipal body and their respective officials and/or persons as aforesaid. I further declare that I am aware of the risks, dangers and perils attendant upon motorcycle racing, which I hereby assume.

Signed by the rider or guardian (if rider is under 21 years)



MEDICAL INFORMATION SHEET

BLOOD GROUP	BIKE NUMBER	
NAME:	MEDICAL AID	
MEDICAL AID NUMBER	MAIN MEMBER	

IT IS COMPULSORY TO HAVE A SUFFICIENT MEDICAL COVER IN PLACE **NO MEDICAL COVER - NO RIDE - NO QUESTION**

PRESENT MEDICAL CONDITION/S

PAST INJURIES

•	

MEDICATION PRESENTLY USED

Medication	Diagnosis

ALLERGIES

ARE YOU CURRENTLY RECEIVING TREATMENT OR HAVE YOU EVER BEEN TREATED FOR:

TREATMENT	YES	NO	TREATMENT	YES	NO
Diabetes			Cardio Vascular Conditions		
Epilepsy			Blood disorder		
Asthma			Head Injury		
Hypertension					

IF YES PLEASE SUPPLY DETAILS:

I hereby state as follows:

- All information contained above is in every respect true and complete. Should any illness or injury be kept secret, I shall 1 disclaim all officials of any and all liability in that respect and as per the relevant GC&;
- I agree that if any information proves to be false or incorrect, the officials of the event shall have the right to refuse my 2. entry and participation in such event;
- I agree, if requested to do so by an official of the event, to provide a "Certificate of fitness" signed by a Medical practitioner 3. confirming as such.
- 4. I agree, if requested to do so by an official of the event, to provide a proof of sufficient Medical Cover certified by the medical aid provider.

SIGNATURE:

DATE:





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SCRUTINEERING FORM	DATE:			
Name of Rider				
Race Number				
	ОК	NOT OK	REMARKS	
Approved crash helmet				
Number & Background				

BIKES

Ball-ended clutch & brake lever		
Fork seals (leaks)		
Folding, rounded footrests		
Spokes		
Brakes operating on both wheels		
Self-closing throttle		
Working kill switch		

REMARKS

Riders' Signature

Scrutineers' Signatu





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RIDERS RACE REPORT FORM

THIS INCIDENT REPORT FORM MUST BE COMPLETED BY THE RIDER COMPETING IN THIS ENDURO CROSS AND NOT THE RIDER'S PIT CREW, PARENT OR ANY OTHER PERSON. THE INFORMATION SUPPLIED ON THIS FORM IS VALUABLE FOR THE EVENT ORGANIZERS IN ORDER TO IMPROVE THE QUALITY OF FUTURE EVENTS.

RIDER DETAILS:

Name	
Racing number	

STARTING TIME:	TOO EARLY	SUITABLE	TOO LATE	
PRACTICE TIME:	TOO SHORT	ACCEPTABLE	TOO LONG	
COURSE TOUGHNESS:	EASY	TOUGH	VERY TOUGH	
EVENT OFFICIALS:	POOR	ACCEPTABLE	GOOD	
COMMENTS OR INCIDENTS:				

ATTACHED HERE YOUR HELMET STICKER (if applicable)