

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:

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I hereby state as follows:

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



namXsport

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 E-Mail: enquiry@NamXSport.com
 Website: www.NamXSport.com



SCRUTINEERING FORM	DATE:
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Name of Rider	
Race Number	

	OK	NOT OK	REMARKS
Approved crash helmet			
Number & Background			

BIKES

	OK	NOT OK	REMARKS
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:

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ATTACHED HERE YOUR HELMET STICKER (if applicable)