

Minibikemagic

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EVENT DETAILS – 26 February 2006

Broxhead nr Bordon nr Petersfield, Hants. This is a new sporting event for the world of mini bikes!! This is a "DURO" race which is similar to a hare n hounds or enduro event that is ridden on full size bikes!! A whole day of fun comprising of two 40 minute races for each class (30 minutes for youth category), the winner being the person who completes the most laps in the allotted minutes, each lap is approx 10 - 15 minutes. The woodland site is approx 50 acres and the course is wide to encourage good shoulder to shoulder fun racing where you can choose your own race lines. This is a fully insured ORPA event with full first aid cover on site. This site has good access for all vehicles with ample parking.

PLEASE COMPLETE IN BLOCK CAPITALS

RIDER NAME:

ADDRESS:

POST CODE: TEL:

D.O.B: AGE: EMAIL:

CLASS ENTERED <i>(please circle)</i> <i>(Entries limited to 50 per class)</i>	EXPERT (age 16 plus) NOVICE (age 16 plus)	CLUBMAN (age 16 plus) YOUTH (ages 10-15)	SPORTSMAN (age 16 plus)
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All riders MUST complete at least 1 practice lap during allotted sessions

This event is held under the National Sporting Code of ORPA, the Standing Regulations, Supplementary Regulations and any Final Instructions issued for the meeting.

ENTRY DECLARATION: I the undersigned apply to enter the event described above and in consideration thereof:

1. I hereby declare that I have had the 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 agree to be bound by them.
2. I further declare that I am physically and mentally fit to take part in the event and I am competent to do so.
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 notwithstanding that such risks may involve negligence on the part of the organisers/officials.
4. I further agree that I shall not seek to claim against the O.R.P.A., the organisers nor their officials, the landowners, the promoter or other bodies or individuals connected with the event in respect of any damage to my property howsoever caused and whether by the negligence or breach of statutory duty of the said bodies and or persons.
5. I further agree that the machine as described below which I enter and compete on shall be suitable and proper for its purpose.
6. I confirm that if any part of the event takes place on a public highway, the machine as described below shall be insured as required by the Road Traffic Acts or equivalent legislation and that they comply with the regulations in respect thereof.
7. I understand and agree that I am required to register my arrival by signing on at the event control office or other designated area, not less than 30 minutes prior to commencement of said competitor's practice or first competition, whichever occurs first.
8. I WILL ADHERE TO ALL SITE RULES AS POSTED AT REGISTRATION
 - I have read the above and acknowledge that my participation in this motor sport is at my own risk

THIS IS PRIVATE LAND, TRESSPASSERS WILL BE PROSECUTED

HELMETS, GLOVES AND SUITABLE PROTECTIVE FOOTWEAR MUST BE WORN AT ALL TIMES WHILST RIDING AT THIS EVENT. WE ALSO RECOMMEND THAT YOU WEAR ELBOW, KNEE, EYE AND BACK/BODYARMOUR FOR YOUR OWN SAFETY

I AGREE TO THE TERMS AND CONDITIONS ABOVE AND ENCLOSE AN ENTRY FEE OF £30.00

SIGNED (Must be Parent/Guardian if under 18) Date

Please make your cheque payable to minibikemagic and post your entry form with 2 stamps to minibikemagic 25 Gainsborough Court, Artist Way, Andover, Hants SP10 3SS (no stamps, no confirmation of class and number will be sent).

MEDICAL QUESTIONNAIRE

To be completed by **ALL** competitors wishing to enter the event overleaf.

Name:

Address:

..... Post Code:

Telephone No:

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:

1 Are you suffering from any illness at the moment? YES/NO

If yes, please give details:

2 Do you have any vision defect? YES/NO

If yes, please give details:

3 Do you wear spectacles or contact lenses? YES/NO

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

If yes, please give details:

5 Do you have any false or missing limbs? YES/NO

6 Please give the name and address of your family doctor:

Doctors Name:

Doctors Address:

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

Signed: Date: