



NAMIBIAN ENDURO CLUB

Affiliated to the Namibian Motor Sport Federation (NMSF)



NAMIBIAN ENDURO CLUB APPLICATION FOR MEMBERSHIP

ANNUAL MEMBERSHIP FEE: *N\$ 400.00*

I, THE UNDERSIGNED, HEREBY APPLY FOR MEMBERSHIP OF THE NAMIBIAN ENDURO CLUB, AND IF ACCEPTED HEREBY AGREE TO ABIDE BY THE RULES AND REGULATIONS OF THE CLUB AS STIPULATED IN THE CLUB'S CONSTITUTION.

TYPE OF MEMBERSHIP:

RIDER

ENTRANT (Legal Guardian for rider under the age of 18)

MEMBER DETAILS

SURNAME:		FIRST NAME:	
ID NUMBER:		MEDICAL AID:	
MEDICAL AID NUMBER:		MAIN MEMBER:	
E-MAIL:			
POSTAL ADDRESS:			
STREET ADDRESS:			
OCCUPATION:			

TEL No's.	(B)		(H)		(C)	
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SIGNATURE		DATE	
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INFORMATION TO BE PROVIDED BY ALL RIDERS

CLASS ENTERED:

<input type="checkbox"/> Class 1 – Open Class Up to 200cc (2 Stroke) Up to 250cc (4 Stroke)	<input type="checkbox"/> Class 2 – Open Class over 250cc (2 Stroke & 4 Stroke)	<input type="checkbox"/> Class 5 – Senior Class Senior Bikes
<input type="checkbox"/> Class 7 – Clubman's Class Clubman's Bikes	<input type="checkbox"/> Class 10 – Beginners Class Off-road Bikes	<input type="checkbox"/> Class 11 – Development Class

MACHINE DETAILS:

Make of Motorcycle	<input type="text"/>	Capacity	<input type="text"/>	Year Model	<input type="text"/>
Type (Bike or Quad)	<input type="text"/>	2-Stroke / 4-Stroke	<input type="text"/>	Existing NEC Racing No.	<input type="text"/>
Do you want to change your existing NEC Race No.	<input type="text"/>	New Racing No. - First Choice	<input type="text"/>	New Racing No. - Second Choice	<input type="text"/>

NEW MEMBER ONLY Racing No. - First Choice Racing No. - Second Choice

MEDICAL INFORMATION SHEET

FIRST NAME	<input type="text"/>	SURNAME	<input type="text"/>
DATE OF BIRTH	<input type="text"/>	BIKE NUMBER	<input type="text"/>
BLOOD GROUP	<input type="text"/>	MEDICAL AID	<input type="text"/>
MEDICAL AID NUMBER	<input type="text"/>	MAIN MEMBER	<input type="text"/>

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

PRESENT MEDICAL CONDITION/S

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

PAST INJURIES

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

MEDICATION PRESENTLY USED

Medication	Diagnosis
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

ALLERGIES

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

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

TREATMENT	YES	NO	TREATMENT	YES	NO
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Cardio Vascular Conditions	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Blood disorder	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Head Injury	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

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:**