NAMIBIAN ENDURO CLUB

Affiliated to the Namibian Motor Sport Federation (NMSF)

NAMIBIAN ENDURO CLUB
APPLICATION FOR MEMBERSHIP

ANNUAL MEMBERSHIP FEE: ***N$ 800.00***

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 ADDRE SS:					
STREET ADDRE SS:					
OCCUPATION:					
TEL No's.	(B)		(H)	(C)	
SIGNATURE		DATE			

INFORMATION TO BE PROVIDED BY ALL RIDERS

CLASS ENTERED:

☐ **Enduro**

Class:_____

☐ **Motocross**

Class 1 – **Junior Pro**

Class 2 – **Pro Open**

Class 5 – **Senior Pro**

Do you want to change your existing NEC Race No. New Racing NoFirst Choice . -

Class 7 – **Intermediate**

Class 10 – **Rookies**

Class 11 – **Beginners**

MACHINE DETAILS:

Make of Motorcycle ☐ Capacity ☐

Type (Bike or Quad) 4- ☐ ^{2}Stroke-Stroke / ☐

☐ ☐

_____

Year Model	
Existing NEC Racing No.	
New Racing No. - Second Choice	

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

MEDICAL INFORMATION SHEET

FIRST NAME		**SURNAME**	
DATE OF BIRTH		**BIKE NUMBER**	
BLOOD GROUP		**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**: