

**Lochaber & District Motor Cycle Club**  
**Entry Form and Regulations**  
**Ally Beag Memorial Trial (Combined Championship)**  
Run under SACU Permit No: TBC  
**A Round of the SACU Adult, Youth, Over-50, Over-40 and Wobblers Championships**  
**19<sup>th</sup> May 2019**

VENUE: Glen Nevis                      TIME: Signing-on from 09.30am, 1<sup>st</sup> Rider Away @ 11.00am      TIME LIMIT: 6 hrs

THIS EVENT IS OPEN TO:                      ADULTS AND YOUTHS

ORGANISING CLUB:                      Lochaber & District Motorcycle Club      [www.lochabermcc.com](http://www.lochabermcc.com)  
CLUB STEWARD:                      TBA                      CLERK OF THE COURSE:  
ENVIRONMENTAL OFFICER:                      TBA  
EVENT SECRETARY:                      Chris Allison – 3 Glenspean Park Roybridge PH31 4AS  
01397 712344- 07469939284 – Idmcc@outlook.com

**REGULATIONS**

COURSE WILL BE 3 LAPS OF 15 SECTIONS WITH FOUR ROUTES TO SUIT THE FOLLOWING CLASSES:

**Premier Adult; Sportsman Adult; Sportsman Over-40 & Clubman Adult Championships**

**Youth “A”; Youth “B” & Youth “C” Championships**

**Over 50; Over-40 & Wobblers Championships**

[The Youths “D” & “E” Championship Classes will use separate Courses at the same venue]

Riders not competing in any of the Championship classes can choose to ride Red, Blue, Green or Yellow Routes on the Main Course, or may ride the Youth “D” or “E” Routes.

**SUPPLEMENTARY REGULATIONS:**

MARKING BY **NO STOP** RULES.

RIDERS **MUST NOT** LEAVE THE FLAGGED ROUTE. ANY RIDER CAUGHT BREAKING THIS RULE WILL BE DISQUALIFIED AND MUST LEAVE THE COURSE IMMEDIATELY.

ANY APPLICANT KNOWN TO HAVE PRACTISED ON THE GROUND WILL NOT BE ALLOWED AN ENTRY.

MACHINES TO BE PLACED IN THE PARC FERMÉ BEFORE THE START OF THE EVENT.

RIDER NUMBERS WILL BE ISSUED AT SIGNING-ON AND MUST BE DISPLAYED ON FRONT OF BIKE.

BACK MARKERS WILL CLOSE THE SECTIONS FROM 16.00 HRS PROMPT.

THE COMPETITOR TO NOTIFY THE CLUB OF ANY RECENT (WITHIN THE LAST 23 DAYS) CONCUSSION INJURY AND TO PRODUCE A DOCTOR'S NOTE TO STATE THEY ARE ABLE TO COMPETE IN THE EVENT. **THE DOCTOR'S NOTE TO STATE: “THE COMPETITOR IS NO LONGER SUFFERING THE CONSEQUENCES OF CONCUSSION”**

**CLOSE OF ENTRIES THURSDAY 16<sup>th</sup> MAY**

**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 ACU/SACU, the ACU/SACU 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 event I am entering and its inherent risks and agree to accept the same notwithstanding that such risks may involve negligence on the part of the organisers or officials.
4. I confirm that the machine as described below which I shall compete on shall be suitable and proper for the purpose.
5. I confirm that if any part of the event takes place on a public highway, the machine described below shall be insured as required by the Road Traffic Acts, or equivalent legislation, and that it will comply with the regulations in respect thereof.
6. I acknowledge that I am required to register my arrival by "signing on" at the designated place not less than 30 minutes prior to start time.

7. I confirm that I am not currently suspended from ACU/SACU permitted competition or on the ACU/SACU Stop list as a result of incurring a concussion injury. I shall notify the Club should I incur such a suspension or concussion injury between now and the event.
8. I enclose my entry fee of **£22.00 Adult / £15.00 Youth**

**Acknowledgement of the risks of motorsport:** I understand that by taking part in this event I am exposed to a risk of death, becoming permanently disabled or suffering some other serious injury and I acknowledge that even in the event that negligence on the part of the ACU, the SACU, the promoter, the organising club, the venue owner, or any individual carrying out duties on their behalf were to be a contributory cause of any serious injury I may suffer, the dominant cause of any serious injury will always be my voluntary decision to take part in a high risk activity. I have read the above and acknowledge that my participation in motorsport is entirely at my own risk.

**Adult Riders (18 years and over):** In consideration of being permitted to participate in this event, I declare that I will be bound by the declaration which I have signed on this entry form and that the details given on the entry form are true.

**Minors (under 18 years of age):** In consideration of being permitted to participate in this event, I declare that I will be bound by the declaration signed on my behalf on the parental agreement form associated with this event, and by the declaration which I have signed on this entry form, the answers on which said entry form are true. Further, I will be bound by the directions of my parent(s)/guardian(s) or other appointed adult assuming responsibility for me at this event on behalf of the organisers.

Rider's Signature..... Date:.....

Under 18 years rider's signature.....

Parent/Guardian's Signature.....

**Rider:**

Name: ..... Date of Birth (if under 18 Years): .....

Address: .....  
.....

Post Code: ..... Telephone Number: ..... (Inc. STD Code)

Email Address: .....

SACU/ACU Registration card No: .....

Club: ..... Issuing authority: SACU ACU Other (Please circle)

**Machine Details:** Make/Model: ..... Capacity: .....cc

**New SACU initiative to help prevent bike theft** Frame no ..... Engine no .....

**CHAMPIONSHIP CLASSES (Please circle):** Premier Adult Sportsman Adult Sportsman Over-40

Clubman Adult Youth "A" Youth "B" Youth "C" Youth "D" Youth "E"

Clubman Over 50 Clubman Over-40 Wobblers

**OR**

**NON-CHAMPIONSHIP RIDERS (Please circle):**

Red Route Blue Route Green Route Yellow Route Youth "D" Route Youth "E" Route

**ENTRY FEE: £22 ADULT / £15 YOUTH TO BE SENT WITH ENTRY FORM TO: Chris Allison. 3 Glenspean Park,Roybridge PH31 4AS CHEQUES TO BE MADE OUT TO: "L. D. M. C. C." (Note that this is the only wording acceptable).**