

CORNWALL SOLO GRASSTRACK CLUB
OPEN TO CENTRE FOR YOUTH ON
SUNDAY 22 AUGUST 2010

PERMIT TO: TBA.

VENUE: TRUTHAN FARM, ST. ERME, MITCHELL, CORNWALL.

CORNISH CHAMPIONSHIP POINTS: TBA

JURISDICTION: Held under the National Sporting Code of the ACU for grass track. These supplementary regulations and any final instructions that may be issued. Open to paid up members of Cornwall Centre Clubs and issued a racing number.

COURSE: ON GRASS APPROXIMATELY 400 MTRS.

PRACTICE: All competitors must complete at least 2 practice laps.

MACHINES: Numbers and machines as per National Sporting Code of the ACU. Any competitor found attempting to race or practise without the correct clothing will be banned from the meeting. This includes **IDENTITY DISCS AND BACK PROTECTORS.**

ENVIRONMENTAL MATS AND FIRE EXTINGUISHERS TO ACU HANDBOOK REQUIRED.

ABANDONMENT: The organisers reserve the right to cancel or add any class, re-run races in the event of stoppages, or if circumstances make it necessary, to abandon the meeting.

MEDICATION: You may be asked to take part in a drugs test. It is your responsibility to declare when you sign in if you are on any drugs of any description.

ACU STEWARD: TBA

CHILD PROTECTION OFFICERS: NICK TRUSCOTT /

CLERK OF THE COURSE:

TBA

JACKIE DINGLE

CHIEF SCRUTINEER: MR DENNIS CHAPMAN, ASSISTANT - MR G. GEORGE.

CLUB STEWARD: TBA

STARTING: BY ELASTIC GATE OR FLAG.

COMPETITORS PLEASE NOTE: You must bring the following for scrutineering:- Competition Licence with photo and Cornwall membership card.

PRIZES: Trophies.

TIES DECIDED BY HIGHEST PLACINGS.

SECRETARY OF THE MEETING:

Mandy Stoneman. 2 Leofric Road, TIVERTON, Devon. EX16 6JU.

TELEPHONE: 01884 243024 mob: 07790301573

POINTS: 12/10/9/8/7/6/5/4/3/2/1

ENTRY FEE: £18.00 **PLEASE NOTE - INCLUDES ONE PASS.**

PLEASE SEND SAE FOR YOUR PASS - NO SAE, NO PASS.

CLASSES AUTO CADETS / CADETS / JUNIORS / INTERS / SENIORS.

SIGNING ON WILL BE FROM 10am - 11am. SCRUTINEERING 10am - 11am.

PRACTICE WILL BE FROM 11am - 12.30pm.

MEETING START TIME 1.00pm

PLEASE NOTE YOUR REGS MUST BE RETURNED BY: 8th AUGUST 2010

YOU MUST ENTER THIS MEETING BY RETURNING YOUR REGS. NO REGS - NO RIDE.

PLEASE NOTE THAT THIS WILL BE ENFORCED.



MOTORCYCLE SPORT EVENT ENTRY FORM

Auto-Cycle Union Ltd, ACU House, Wood Street, Rugby, Warwickshire CV21 2YX
Tel: 01788 566400 Fax: 01788 573585 E-mail: admin@acu.org.uk

BASIC INSURANCE

Event: GRASSTRACK Organisers: C.S.G.T.C LBG LTD
Venue: TRUTHAN FARM, ST. ERME NR TRURO. Date of Event: SUNDAY 22 AUGUST 2010
Permit No: T&A

*This event is held under the National Sporting Code of the Auto-Cycle Union, the Standing Regulations, Supplementary Regulations and any Final Instructions issued for the meeting.
The ACU National Sporting Code and Standing Regulations are published annually in the ACU Handbook.*

Entry declaration: I / we the undersigned apply to enter the event described above and in consideration thereof:-

- I / we hereby declare that I / we have had the opportunity to read, and that I / we understand the National Sporting Code of the ACU, the ACU Standing Regulations, such Supplementary Regulations as have or may be issued for the event, and agree to be bound by them.
- I / we further declare that I am / we are physically and mentally fit to take part in the event and I am / we are competent to do so.
- I / we confirm that I / we understand the nature and type of event we are 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.
- I / we confirm that the machine(s) as described below which I / we compete on shall be suitable and proper for the purpose.
- I/we confirm that I/we are eligible to compete on the machines for which I/we have entered.
- I / we confirm that if any part of the event takes place on a public highway, the machine(s) described below shall be insured as required by the Road Traffic Acts, or equivalent legislation, and that it / they will comply with the regulations in respect thereof.
- I / we agree that I am / we are required to register our arrival by "signing on" at the designated place not less than 30 minutes prior to commencement of my/our practice or first competition, whichever occurs first.
- I/we confirm that I/we are not suspended or my/our ACU Licence has not been suspended/withdrawn from any ACU competition.
- I/we understand and accept that as the Supplementary Regulations state the insurance cover for this event is "Basic" there is no Personal Accident cover for Competitors and Liability cover in respect of any claim made by third parties is limited to £10 million and £5 million for Medical Mal-practice.**
- I / we enclose the entry fee of: £.....

Acknowledgement of the risks of motorsport: I / we understand that by taking part in this event I / we are exposed to a risk of death, becoming permanently disabled or suffering some other serious injury and I / we acknowledge that even in the event that negligence on the part of the ACU, 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 / we may suffer, the dominant cause of any serious injury will always be my / our voluntary decision to take part in a high risk activity.

I / we have read the above and acknowledge that my / our participation in motorsport is entirely at my / our own risk.

Rider's signature: If **under 18** state date of birth*:

Passenger's signature: If **under 18** state date of birth*:

* For riders and passengers **under 18 years of age** - I accept the above conditions of entry to this event and give my approval:-

Signature of parent or person with parental responsibility:

Riders and Passengers under 18 years of age who cannot produce a valid ACU Competition Licence/Trials Registration must also complete a 'Parental Agreement form (Single Event)' in addition to this entry form.

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|---|---|
| RIDER Surname: | PASSENGER Surname: |
| First name(s): | First name(s): |
| Address: | Address: |
| Postcode: Tel: | Postcode: Tel: |
| ACU Licence / Registration No: | ACU Licence / Registration No: |
| Name of ACU Affiliated Club (of which I am a member): | Name of ACU Affiliated Club (of which I am a member): |

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|---|---|
| MACHINE CLASS ENTERED | ENTRANT (if different from Rider) LICENCE No. |
| Make: | Company / Name: |
| Model: | Address: |
| Capacity:cc Stroke:mm | Entrant's Signature |
| Riding No. preferred: (where option is available) | |