

CROWTHORNE Cycle Trial Club

Sun 25th March 2012 Start time 11am Signing on from 10.30hrs

Essex Trials and Jump Centre.

Barrow Farm Highwood, Chelmsford Essex. CM1 3QR

Round 1 Cycle Trials Championship.

ACU PERMIT NO ... ACU34551

CLUB REF: 716

Class: Elite, Expert, Intermediate, Novice, Beginner. Adults and Youth welcome.
Cycle Trials Rules Apply.

HELMETS MUST BE WORN AT ALL TIMES.

Clerk of the course: Graham Tickner **Secretary of the meeting:** Mrs. Helen Smith

Email: Helen.smith243@btinternet.com **Tel:** 01342 832254

Email: ticknerfamily@yahoo.co.uk **Tel:** 01932 885347

Entry Declaration

- 1) I/we, the undersigned apply to enter the event described and in consideration there for 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. Standing regulations and also have or may be issued for the event and agree to be bound by them.
- 2) I/we further declare that I/we are physically and mentally fit to take part in the event and competent to do so.
- 3) 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 not with standing that such risks may involve negligence on the part of the organisers or officials.
- 4) I/we confirm that the bike described below which I/we compete on shall be suitable and proper for the purpose.
- 5) I/we agree that I am/we are required to register on arrival by signing on at the designated place not less than 20 minutes prior to commencement of my/our competition.
- 6) **Entry fee £10-00 Members £12.00 Non Members. Cash when signing on.**

Acknowledgement of the risks of the sport: I/we understand that by taking part in this event I/we are exposed to a risk of death or 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 promoter, the organising club, the venue owner or any individual carrying out duties on their behalf were to be contributory cause of any serious injury, I/we may suffer, the dominant cause of any serious injury will always be my/our voluntary decision in a high risk activity. I/we have read the above and acknowledge that my/our participation in the cycle trial is entirely at my own/our risk.

When signing on ... parent or guardian must sign if under 18 years old

Riders Signature.....

If under 18 state date of birth.....

For riders **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.....

Print Name.....

Rules stated as in the ACU Handbook 2012

RIDERS NAME..... ACU LICENCE NUMBER

ADDRESS.....

.....

.....

POSTCODE.....

TEL.NO.....

MAKE/TYPE OF BIKE.....

AGE(In years if under 18).....

WHEEL RIM SIZE".....

Please underline or circle class entered:

CLASS: Elite Expert Intermediate Novice Beginner

Please circle: if you wish to receive results YES/NO

Please supply a stamped addressed envelope or email address. Print clearly.....

PLEASE NOTE:- HELMETS MUST BE WORN BY ALL RIDERS AT ALL TIMES.

WE RECOMMEND THAT THE APPROVED SHOES, GLOVES, FULL LENGTH TROUSERS AND A LONG SLEEVED SHIRT ARE ALSO WORN.

Directions to Barrow farm

The Centre is located on the Blackmore Road opposite the Barrow Farm riding for the disabled group Post code... CM1 3QR

WWW.CROWTHORNE-CT.CO.UK