



**Molson Group British Sidecar Championship
2024 Season Entry Form**

Return to: mikedommett@hotmail.com

Sponsor Name <small>for the programme</small>			
Rider Name			
Address			
Hometown/Country			
Contact No.		Date of Birth	
Email address		Licence Issued by & Grade	
Next of Kin Name and Number			

Passenger Name			
Address			
Hometown/Country			
Contact No.		Date of Birth	
Email address		Licence Issued by & Grade	
Next of Kin Name and Number			

Engine Make & Chassis	Capacity	
Racing No.		
Transponder No.		

Please tick the meetings you wish to enter:



13 - 14 April*	Pembrey Circuit* BMCRC	ACU 202321	EMN 10/1613	
17 - 19 May	Donington Park BSB	MCRCB N - 24 02	IMN 191/67	EMN 10/1749
14 - 16 June	Knockhill BSB	MCRCB N - 24 03	IMN 191/68	EMN 10/1750
05 - 07 July	Snetterton BSB	MCRCB N - 24 04	IMN 191/69	EMN 10/1751
02 - 04 August	Sidecar Revival – Cadwell*	ACU 202331	EMN 10/1617	
11 - 13 October	Brands Hatch GP BSB	MCRCB N - 24 11	IMN 191/75	EMN 10/1757

You will only need to complete this one entry form for the season (providing you do not change passenger or team name). If you wish to add an additional round to your entry after submitting please call the BMCRC office, who are administrators for the series on 01708 720305.

*NOTE: There will be separate online entries for BMCRC Pembrey & Cadwell Sidecar Revival on bemsee.net – your indication above is just to show your intention to enter for these events – this form is NOT the formal entry for either of those meetings.

Both Rider & Passenger must read and agree to the following Declarations and paragraphs below which are designed to create a legally binding relationship in return for your being allowed to enter and compete.

MOTORSPORT CAN BE DANGEROUS AND INVOLVE INJURY OR DEATH

- 1) I accept that competition in motor sport may involve the risk of injury or death and I agree to take part at my own risk.
- 2) I confirm that the information in this entry form and the information in my competition licence are correct. I understand and accept the terms of my competition licence.
- 3) I confirm that I understand the nature of the competition I am entering and I am competent to take part.
- 4) I confirm that any machine I use will comply with the regulations and will be safe and suitable for competition use.
- 5) I will satisfy myself (by sighting lap or otherwise) before taking part that the venue and track are acceptable to me with regard their features and physical layout.
- 6) I will NOT take part if I have any doubts about my ability or safety, including in relation to the safety of the venue and/or weather conditions.
- 7) Before taking part in the event I will read and be bound by and comply with any Regulations of the MCRCB as stated in the 2024 MCRCB Yearbook and any supplemental and final instructions issued by the MCRCB, the organisers and the circuit owners.
- 8) I will not participate whilst under the influence of alcohol or intoxicating drugs and that if I am taking any prescribed medication I will inform the event organiser and seek approval before taking part.

Rider Signature	Passenger Signature
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You can sign with a Digital Signature or you will be asked to sign at your first round

THIS SECTION IS ONLY APPLICABLE TO RIDERS OR PASSENGERS UNDER THE AGE OF 18

To allow the competitor (see 1.1) to enter the competition you must agree to the matters set out below which are designed to create legal obligations on you

SIGN BELOW ONLY IF YOU AGREE

- 1) I _____(print name) am the parent/legal guardian of the competitor,
_____ (print name)
- 2) I have read and understood the entry form and declaration completed by the competitor and confirm the answers are true.
- 3) I confirm he/she is competent to take part in the event and that any machine which he/she will use is safe and suitable for competition.
- 4) I will, before allowing him / her to take part, satisfy myself that the venue and track and the facilities are safe and will inspect them.
- 5) I fully understand that by taking part in motor sport, the competitor risks injury or death, and I agree and accept that the competitor takes part at his/her own risk.
- 6) I also hereby AGREE that I will INDEMNIFY AND HOLD HARMLESS the MCRCB, the organisers or officials or sponsors/promoters or entrants or owners/leaseholders of the venue in respect of any claim brought against such party as a result of the competitor's death or injury whilst taking part in the event (other than to the extent caused by the negligence or wilful default of such party)

Print Name of Parent / Legal Guardian	
Relationship to competitor (i.e. parent, guardian)	
Signature	

****IMPORTANT** Any person under the age of 18 MUST be accompanied at events by the parent /legal guardian mentioned above, who MUST also countersign the event signing-on document.**

Riders Name		DOB	
Home Address			
Contact Number		Class	Sidecar

Next of Kin

Name			
Home Address			
Contact Number Home		Mobile	

GP Details (Your own family doctor)

Name	
Surgery Name and Address	
Telephone Number	
Local Hospital	
Hospital Telephone Number	

Specialists details (any previous or current care i.e. Physio, Orthopaedic surgeons, therapists etc.)

Name		
Address		
Telephone Number		
Speciality		

Have you any current illnesses?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes please explain		
Do you regularly/often take any medicines, drugs or tablets?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes please explain		
Have you declared these to the ACU to comply with Anti Doping rules?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any allergies (i.e. penicillin, iodine etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes please explain		
Have you had any 'major' or 'significant injuries' requiring admission to hospital and/or surgery?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes please explain (what, where, when, how it was treated)		
Have you had any surgery/operations (excl. those above)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes please explain (what, where, when, how treated)		
Have you ever had any problems with anaesthetic?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes please explain		
When did you last have an Anti-Tetanus injection?	Year <input type="checkbox"/>	Don't know <input type="checkbox"/>
Do you have private medical insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, with whom		
Does this cover emergency treatment in hospital?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there anything else important we should know?		

**I understand the above information will be treated with the strictest confidence, and only be released to health care professionals for my treatment during or following a Race Meeting.
I agree that the details of any injuries and treatment received can be released to the Championship Chief Medical Officers.**

Signed

Date

2024 Medical Information

Passenger Name		DOB	
Home Address			
Contact Number		Class	Sidecar

Next of Kin

Name			
Home Address			
Contact Number Home		Mobile	

GP Details (Your own family doctor)

Name			
Surgery Name and Address			
Telephone Number			
Local Hospital			
Hospital Telephone Number			

Specialists details (any previous or current care i.e. Physio, Orthopaedic surgeons, therapists etc.)

Name		
Address		
Telephone Number		
Speciality		

Have you any current illnesses?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes please explain		
Do you regularly/often take any medicines, drugs or tablets?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Have you had any 'major' or 'significant injuries' requiring admission to hospital and/or surgery?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes please explain (what, where, when, how it was treated)		
Have you had any surgery/operations (excl. those above)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes please explain (what, where, when, how treated)		
Have you ever had any problems with anaesthetic?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes please explain		
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Do you have private medical insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, with whom		
Does this cover emergency treatment in hospital?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Signed

Date