



ALTERNATIVE TO ON LINE LICENCING

MOTORCYCLING NEW ZEALAND Inc

Phone: +64 7 828 7852
Fax: +64 7 828 7928
Email: admin@mnz.co.nz
www.mnz.co.nz

Postal: PO Box 253
Huntly 3740
Courier: 211 Main Street
Huntly 3700

COMPETITION LICENCE APPLICATION

EXPIRES 30th JUNE 2011

For prompt return of your licence, please ensure that you have completed all details required. Allow up to 14 days for processing. Should any part of this form be incorrect or incomplete, it will be returned back to you for completion.

Do you hold a competition licence with another federation?

YES

NO

MNZ Licence No: _____ MNZ Affiliated Club _____

Name: _____
Family Name *First Name (s)*

Address: _____

Postal Code: _____

Telephone

Private: _____ Business: _____

Fax: _____ Email Address: _____

Date of Birth: _____ Age: _____ **First Time Licence 16yrs or under; copy of birth certificate required**

LICENCE TYPE (GST inclusive)

Please read carefully and ✓ (tick) one licence type only

FULL COMPETITION LICENCE

Reduced Fee - only until 2011/12 licence renewal in June 2011

Senior	<input type="checkbox"/>	\$69.70
Junior	<input type="checkbox"/>	\$69.70
Mini MX	<input type="checkbox"/>	\$54.30
Over 65yrs	<input type="checkbox"/>	Free
Associate member (non competitive)	<input type="checkbox"/>	\$67.70

CLUB COMPETITION LICENCE

(licence only valid at the club nominated by rider on application)

CLUB LICENCES ARE NOT AVAILABLE
WHILE LICENCES ARE REDUCED

Duplicate

(misplaced/damaged licence)	<input type="checkbox"/>	\$15.00
(misplaced/damaged log book)	<input type="checkbox"/>	\$15.00

Please tick one of the boxes below

- I would like the printed manual of MNZ rules posted to me at a cost of \$20.00
- I do not require the manual of MNZ rules posted to me instead I will undertake to read these as provided on the MNZ website – www.mnz.co.nz

MNZ COMPETITION LICENCE ACCEPTABLE METHODS OF PAYMENT

Cheque: Made payable to Motorcycling New Zealand

Credit Card: VISA MASTERCARD

Credit card transaction fee will apply 3% per transaction

Card No:

				-					-					-			
--	--	--	--	---	--	--	--	--	---	--	--	--	--	---	--	--	--

Card Account Name: _____ **Expiry Date:** /

Amount: \$ _____

Signed: _____ **Date:** _____

RACING NUMBER REQUEST

Please tick the class/es which you ride in:

Classes with allocated numbers:

Junior Motocross

- 8-10 yrs 85cc
- 11-12 yrs 85cc
- 13-16 yrs 85cc
- 12-16 yrs 150cc
- 12-14 yrs 125cc
- 15-16 yrs 125cc
- 14-16 yrs 250cc
- Cross Country (Jnr)

Senior Motocross

- MX1
- MX2
- 125cc
- Expert Over 200cc
- Expert Under 200cc
- Intermediate
- Novice
- Veteran
- Cross Country (snr)

ATV - all classes

Road Race

- 125GP
- Pro Lite250
- Super Lite (F3)
- Sidecars
- Super Sport (SP)
- Pro Twin
- Superbike
- Super Stock 1000
- Super Stock 600

Classes without numbers:

- | | |
|---|---|
| <input type="checkbox"/> Supercross | <input type="checkbox"/> Mini Motocross |
| <input type="checkbox"/> Pit Bike | <input type="checkbox"/> Enduro |
| <input type="checkbox"/> Street Stock | <input type="checkbox"/> Super Motard |
| <input type="checkbox"/> Post Classic | <input type="checkbox"/> Classic |
| <input type="checkbox"/> Beach Racing | |
| <input type="checkbox"/> Longtrack Racing | |
| <input type="checkbox"/> Mini Road Race | |
| <input type="checkbox"/> Stock Prod. Cup | |
| <input type="checkbox"/> Trail Rides | |
| <input type="checkbox"/> Moto Trials | |

HEALTH & DISABILITY DECLARATION

Doctors Name: _____ Phone: _____

Have you been treated for, or do you have any of the following? YES NO

- | | | |
|---|--------------------------|--------------------------|
| Nervous breakdown, mental disorder | <input type="checkbox"/> | <input type="checkbox"/> |
| Head injury with unconsciousness or concussion | <input type="checkbox"/> | <input type="checkbox"/> |
| Heart disease or disorder | <input type="checkbox"/> | <input type="checkbox"/> |
| High blood pressure, anemia or blood disease | <input type="checkbox"/> | <input type="checkbox"/> |
| Diabetes | <input type="checkbox"/> | <input type="checkbox"/> |
| Dizziness, fainting spells, fits or blackouts | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have any eyesight abnormalities we should be aware of | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you any abnormality to any part of the upper or lower limbs .. | <input type="checkbox"/> | <input type="checkbox"/> |

If you have answered yes to any of the above, please supply a medical clearance which states that you are medically cleared to compete in motorcycle competition.

- | | | |
|---|--------------------------|--------------------------|
| Allergic reactions | <input type="checkbox"/> | <input type="checkbox"/> |
| Asthma | <input type="checkbox"/> | <input type="checkbox"/> |
| Brand of Inhaler _____ | | |
| Are you required to wear glasses/contact lenses for driving | <input type="checkbox"/> | <input type="checkbox"/> |

Motorcycling NZ requires the below information as we often deal with Government departments relating to issues surrounding motorcycles to have an impact, we need to show just how many of our members, not only compete but are road riders.

This information will be covered by the privacy act and individual details cannot and will not be released to any outside groups or agencies

- Do you own road registered motorcycles? YES NO
- If yes, how many? _____
- Do you have a motorcycle road licence? YES NO
- If yes, what type? **FULL** **RESTRICTED** **LEARNERS**

TERMS AND CONDITIONS

I agree and acknowledge as follows:

- a. I will be bound by the rules of MNZ as contained in the MNZ Manual of Motorcycle Sport, the Constitution of MNZ and the Code of Conduct and any amendments which may be made from time to time ("the Rules").
- b. I acknowledge that the Rules are posted to MNZ's website www.mnz.co.nz ("the website") and that the posting of the Rules on the website that shall be deemed to be adequate notice to me of the Rules.
- c. I authorize any hospital or medical practitioner to furnish information regarding my medical condition to MNZ.
- d. I consent to the collection of personal information by MNZ for the purposes of a membership record and for MNZ to retain and disclose these to affiliated clubs and registered private promoters.
- e. I acknowledge my right to access and correct any personal information held by MNZ.
- f. I acknowledge that motorcycling is sport which involves some risk to my person and/or property and I agree that I participate in any event, race or meeting for which MNZ has issued a permit or is in anyway associated ("Event") at my own risk and I agree that in the event of injury to myself or my property including in the event of my death neither I nor my estate will bring any claim, proceeding or otherwise seek compensation in any form:
 - I. MNZ, its servants, agents or employees; or
 - II. Competitors in any Event in which I participate; or
 - III. The owner, lessee or person entitled to possession of any land or place; or
 - IV. Any other persons or bodies associated with the Event and I indemnify all such parties against all actions, claims, demands and costs brought by any third party arising from and out of my participating in an Event or my presence on any land or place on which and Event is held, or to be held, and I agree that this indemnity shall endure during such period as I am the holder of a competition licence issued to me by MNZ and shall be binding on my assigns, executors and administrators.
- g. I acknowledge the benefits payable in the member insurance scheme published in the current Manual of Motorcycle Sport.
- h. I certify that the above information is true and accurate and I understand my licence may be revoked if any information provided by me is incorrect.

I agree to be bound by these terms and conditions

Signed _____ **Date** _____

Parent/Guardian Consent Form

I, _____ am the parent/guardian of _____ who

Is under 18 years of age, and hereby provide my consent to the granting of their application for a Motorcycling New Zealand licence.

Signed _____ **Date** _____