



BIU Competition License

2019

All licences expire the 31 December 2019

Please enter your data, using block capitals

Firstname and lastname _____, City: _____,

Address: _____, ZIPcode: _____,

Date of birth: _____, email address: _____,

Mobile phone: _____; Nationality: _____,

Parent responsible, for Riders under 18 years only:

Firstname and lastname _____, City: _____,

Address: _____, ZIPcode: _____,

Date of birth: _____, email address: _____,

Mobile phone: _____; Nationality: _____,

International **BikeTrial category** for the whole season 2019 _____;

Medical information

Please answer all the questions truthfully. A false declaration may have serious consequences.

Have you ever suffered from or are you currently suffering from any of the following illnesses or conditions:

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| 1. Epilepsy, fits, blackouts or any condition which may cause loss of consciousness?..... | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. Any condition which might cause dizziness, vertigo or loss of balance? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. Any mental or brain disorder such as a stroke, MS or Motor Neurone disease? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. Any condition or operation (including spleen removal) involving your heart or main blood vessels or high blood pressure? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5. Any psychiatric or emotional illness or any alcohol/drug/substance misuse? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 6. Diabetes? If 'Yes' please state whether treated by diet, tablets or insulin? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 7. Any condition affecting your vision or eyes, including colour blindness ? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 8. Have you been unconscious because of a head injury or suffered from concussion? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 9. Any loss of strength, feeling, control or movement of any of your limbs, head or neck? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 10. Amputation of any part of your limbs with or without an artificial replacement? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 11. Any kind of tumour or cancer? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 12. Are you taking any medication? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 13. Are you ever declared not suitable for competitive sports? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 14. Can you declare to do not use drugs ? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Date _____; You or your Parent Signature (if you under 18 year) _____;



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Medical Report

to your doctor:

The person to be examined is applying for a licence to compete in BikeTrial sport events. Particular care should be taken to ensure that the applicant does not suffer from any condition which might result in sudden loss of control of his/her cycle thus endangering other riders, officials and spectators. The controls of a BikeTrial bicycle normally require the use of all four limbs. The applicant must be able to control his/her BikeTrial bicycle on trails, high obstacles, very narrow passages, where good balance and self control is needed. Competition places both physical and mental demands on the rider.

Limbs: The applicant should have sufficient power, co-ordination and sensation in his/her limbs to maintain full control of his/her bicycle.

Deafness: A licence can be issued to an applicant with impaired hearing, but not to an applicant with a disturbance of balance.

Diabetes: A well controlled diabetic may be passed as fit to compete. They require evidence from their Consultant Diabetologist, or their own General Practitioner/regular medical attendant if are not under consultant care, that the diabetes is normally well controlled, that they are not subject to hypoglycaemic or hyperglycaemic attacks (no significant episodes in preceding year), that they have no neurological or ophthalmic complication associated with diabetes and that they understand their diabetes, its monitoring and management.

Cardio-vascular system: In general, a heart attack or serious cardio-vascular disease would normally exclude a rider from events. Special attention should be paid to blood pressure and cardiac rhythm disorders. In such cases a certificate from a Cardiologist including the results of any test the Cardiologist considers necessary, must be submitted with the Medical Report form.

In BikeTrial, an exercise tolerance electrocardiogram is required for any rider over 50 years if there are known significant risk factors for or history of cardiac disease.

Neurological and psychiatric disorders: In general applicants with a serious neurological or psychiatric disorder will not be granted a licence.

Fits or unexplained loss of consciousness: A licence will not be issued if the applicant is an epileptic, has suffered a single epileptic fit or has suffered an unexplained loss of consciousness.

- | | | |
|---|------------------------------|-----------------------------|
| 1. Are you the applicant's regular medical attendant? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Does the applicant have epilepsy, diabetes or any condition which may cause loss of consciousness? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Does the applicant have any condition which may cause sudden loss of balance or co-ordination? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Is there evidence of any progressive neurological disorder? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Are there any signs of neoplasm which may be liable to metastasise? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Is there any evidence of any disease or condition affecting the eyes or ears? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Is there any abnormality of power, sensation, co-ordination or movement in any limb? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. Are any limbs or parts of limbs missing? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. Is there any abnormality of the heart? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. Does the applicant have hypertension? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. If the applicant has insulin dependent diabetes are there any signs of neuropathy, retinopathy or other complications?..... | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 12. If the applicant has insulin dependent diabetes are they subject to episodes of hypoglycaemia or hyperglycaemia?..... | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 13. Is the applicant suffering from any psychiatric illness? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 14. Is the applicant dependent on alcohol, drugs or other substances? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 15. Is the applicant taking medication? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 16. Is the applicant medically fit to hold a competition licence and to participate in BikeTrial sport? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Applicants name: _____

Date _____ ; Signature of Doctor _____ ;



BikeTrial International Union®

U Olšínách 2300 75
108 00 PRAHA 10 - Strašnice
CZECH REPUBLIC
Registration number: 45768501

BikeTrial International Union
Protocol Number **968**

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Declaration & Acknowledgements

I understand that if I have given any false information in this application you may take disciplinary action against me. This might include my licence being permanently withdrawn.

I will read and comply with the BikeTrial International Union Statute and BikeTrial Technical Rules.

I understand that it is my responsibility to ensure that I have the correct licence/registration card for any competition I enter and that my licence/registration card will not guarantee my entry into, or acceptance into, any competition.

I consent to the collection and retention of my personal information by the BIU.

I consent to any necessary information concerning an injury at an event being given by the attending doctor/paramedic/first-aiders to the Clerk of the Course or incident officer of the event and also to my own doctor and my relatives. The doctor may also give information to other persons, according to the doctor's own professional ethical code.

BikeTrial is a dangerous activity. It is important that all competitors think very carefully about the risks they are undertaking whenever they compete. While the organisers will do their reasonable best to make the event as safe as possible, there will inevitably be occasions when mistakes are made. It must, however, be recognised by all competitors that where an accident occurs in such circumstances, any fault on the part of the organisers will not be the principal cause of any serious injury sustained. The dominant cause of any serious injury will be the fact that the accident happened in a competitive environment. The risk of accidents is one of the inherent risks involved in BikeTrial and every competitor must consent to this. The BIU is not prepared to accept personal injury claims by competitors who have willingly participated in what they know to be a dangerous sport. Any claims will be vigorously defended, and this form will be used as evidence of the competitor's acknowledgement of the risks inherent in BikeTrial and that the dominant cause of any serious injury will be his/her voluntary decision to engage in competitive sport rather than any alleged negligence by the BIU or any other party involved in staging the event. BIU will do not provide any type of personal insurance to the Rider.

Date _____; You or your Parent Signature (if you under 18 year) _____;

Payment



Bank transfer:

BikeTrial International Union

Bank of:

"Komerční Banky"

IBAN Code:

CZ39 0100 0001 1514 4769 0217

SWIFT Code:

KOMBCZPPXXX

Reference:

BIU License 2019 – RIDER NAME



PayPal:

Go on BIU web page (www.biketrialinternational.com) and click on "Donation", use your **PayPal** account or your Credit Card to pay to BIU your License. After, please, write us to show your payment and License Module.

Elite pay 200,00 €. All others categories pay 50,00 €.