

# KENYA MOTOR SPORTS FOUNDATION

P.O BOX 42786-00100 NAIROBI, KENYA ❖TEL: +254 703 822 944 ❖ E-mail: [info@kenyamotorsportsfoundation.org](mailto:info@kenyamotorsportsfoundation.org) ❖162 James Gichuru Road, Lavington, Nairobi

## APPLICATION FOR COMPETITION LICENCE

Full Names	Date of Birth
Address:	Phone No.
	Mobile No.
Email:	Racing No.
	Nationality
Motor Club                  Membership No.	<b>Medical Insurance Cover</b> Yes:                  No:
Date of Expiry	Company:
	Date of Expiry:
Blood Group	
Medical Evacuation Cover –highly recommended for competitors  AMREF Flying Doctors Membership No.	

## COMPETITION LICENCE TYPE AND FEES PAYABLE - WITH EFFECT FROM JANUARY 2017

	AMOUNT	PAID	RACING NO.
National Competition License – Motorcycles Junior under 18 years	12,000.00		
National Competition License – Motorcycles / Quads Senior	14,000.00		

(2 passport size or digital photos required)

### NOTE:

I hereby undertake to abide by the Sporting Code of the FIM Africa (CONU), the Federation International Motorcyclists (FIM) and the National Competition Rules(NCRs) of the Kenya Motor Sport Foundation together with any amendments or additions, which may be issued.

**\*I DO NOT HAVE ANY PHYSICAL DISABILITIES\*  
PROVIDE\***

**IF THERE IS A DISABILITY, DETAILS MUST**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Version: January 2017**

# KENYA MOTOR SPORTS FOUNDATION

P.O BOX 42786-00100 NAIROBI, KENYA ❖TEL: +254 703 822 944 ❖ E-mail: [info@kenyamotorsportsfoundation.org](mailto:info@kenyamotorsportsfoundation.org) ❖162 James Gichuru Road, Lavington, Nairobi

## **IMPORTANT**

Competition Licenses will only be issued with a valid Medical Cover duly signed and stamped by a recognized Doctor or Medical Practitioner. The same will be subject to scrutiny by the Medical Safety Delegate.

### **Medical history**

Are you at present suffering from, or have you been diagnosed to have any of the below mentioned conditions in the last five - (5) years.

- |   |     |   |    |   |
|---|-----|---|----|---|
| ➤ Epilepsy or loss of consciousness for any reason                        | Yes | ! | No | ! |
| ➤ Recurrent headaches or dizzy spells                                     | Yes | ! | No | ! |
| ➤ Impaired vision NOT corrected by glasses or contact lenses              | Yes | ! | No | ! |
| ➤ Asthma or other breathing difficulties                                  | Yes | ! | No | ! |
| ➤ Type 1 or 2 Diabetes Mellitus   | Yes | ! | No | ! |
| ➤ Heart disease of any kind including Blood Pressure problems             | Yes | ! | No | ! |
| ➤ Head injury or concussions in the past                                  | Yes | ! | No | ! |
| ➤ Bleeding tendencies or blood disorders                                  | Yes | ! | No | ! |
| ➤ Mental or nervous disorders   | Yes | ! | No | ! |
| ➤ Allerges to any medications or other substances                         | Yes | ! | No | ! |
| ➤ Do you regularly take any prescription or non- prescription medications | Yes | ! | No | ! |
| ➤ Have you had any disabling accident in the last six months              | Yes | ! | No | ! |

For any of the YES answers to the above, please give details, and for an allergies or medications taken on a regular basis please list them.

---

### **Doping Code**

In accordance with the protocols of Kenya Motor Sports Foundation, FIM Africa and FIM Anti Doping Code, all Motor Sports Competitors should be aware that they may be tested for prohibited substances either during or out of completion.

In accordance with this regulation, I accept and understand that I may be tested for prohibited substances either during or out of competition. I further understand, should I test positive on the samples submitted that I will be subject to disciplinary action envisaged in the Anti Doping Code as prescribed by the World Anti Doping Agency (**WADA**)

Name and Signature of Applicant: .....

Date: .....

### **FOR OFFICIAL USE:**

Receipt No>	Competition License No. Issued:	Date:
-------------	---------------------------------	-------

Medical Card presented with this Application	Yes:	No:
--	------	-----

# KENYA MOTOR SPORTS FOUNDATION

P.O BOX 42786-00100 NAIROBI, KENYA ❖ TEL: +254 703 822 944 ❖ E-mail: [info@kenyamotorsportsfoundation.org](mailto:info@kenyamotorsportsfoundation.org) ❖ 162 James Gichuru Road, Lavington, Nairobi

## **CHECKLIST FOR DOCUMENTS TO BE PROVIDED WITH THE NATIONAL COMPETITION LICENCE APPLICATION**

<b>KENYA MOTOR SPORT FOUNDATION</b>		<b>TICK</b>
1	Birth Certificate for Juniors UNDER 18 YEARS	
2	National ID or Passport copy	
3	FIM Medical Card	
4	AMREF Evacuation Cover (Optional)	
5	Club Membership Card	
6	Recent Passport Size Photographs (2 photographs)	

### **Checked by;**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_