



NORTHERN COUNTIES Off Road Trialers Club Membership Application

Before you take part in an event you need to become a member:

To compete in an Event you need to become a Competitive Member and then pay the Event fee of £15.

You can do this at the club cabin on the morning of the Event, after Scrutineering.

Co-Drivers need to become Non Competitive Members and there is no other fee to pay.

PLEASE FULLY COMPLETE THIS FORM AND NOTE ALL DETAILS CLEARLY

Membership Number:.....

NAME _____ DOB _____

ADDRESS _____

POSTCODE _____

PHONE NO'S: DAY _____ EVENING _____

PLEASE TICK AS APPROPRIATE

Competitive Driver Member £20 plus £5 Joining Fee (Pro rata through the Year)

Non Competitive Member £10 plus £5 Joining Fee (Pro rata through the Year)

(A Co-Driver is a Non-comp member)

DRIVERS PLEASE FILL IN THE DETAILS BELOW

DRIVER'S VEHICLE MAKE MODEL

EXPECTED CLASS IF KNOWN 1 2 3 (Please circle as appropriate)

I the undersigned apply for membership of the Northern Counties Off Road Trialers Club. Membership being subject to approval by the Committee. I agree to abide by the rules (copy available on request) and understand that participation in club events is at my own risk.

I am aware that NCORTC have developed a Child Protection Policy. Members under 18 years must have written consent from a Parent/Guardian (see the next section below) and be signed on by them at every trial entered.

APPLICANT SIGNED..... DATE AGE

This document must be read and this section counter signed by the Parent/Guardian of the above named applicant if they are under 18 years of age.

I as Parent/Guardian of the above named applicant am aware that NCORTC have developed a Child Protection Policy, a copy of which is attached to the club rules. A Child Protection Officer vetted by the MSA is available and contact details are published by the Club. I also understand that the Club will attempt to keep records of all persons using video and photographic equipment at events. I am aware that it may be possible that images with my child in the picture may be published. I will advise the Official at signing on, in writing, of details of any known allergies, conditions, medication being taken by my child. I also give consent to medical treatment to be administered to my child where considered necessary. In the event that my child should require emergency hospital treatment, and I cannot be contacted, I authorise a qualified medical practitioner to provide emergency treatment and medication.

Parent/Guardian of the above applicant (print your name)

Signed Date Contact Phone No.

COMPLETED FORM AND REMITTANCE TO BE SENT TO THE MEMBERSHIP SECRETARY

Jenny Cockerham, 6 Langley Lane, Baildon, West Yorkshire BD17 7LH

To be completed by the Membership Secretary:

Date Received Amount Paid £ Cash Cheque