Cadet Signing-On (Officials Under 18 Years of Age)

Organising Club: _____ Permit No(s): _____

Event Name: _____ Event Date: _____

ALL PERSONS APPOINTED TO ACT IN AN OFFICIAL CAPACITY AT THE MEETING MUST SIGN BELOW.

I agree to act in an official capacity at this meeting and in consideration of the organising club(s) having affected for my benefit a Personal Accident Insurance Policy for death or benefits as prescribed more specifically by Motorsport UK. I have been given an opportunity to read the General Regulations of Motorsport UK and, if any, the Supplementary Regulations for this event and agree to be bound by them. I declare that (subject to the disclosures provided below) I am physically and mentally fit to carry out my duties and that I will inform the organisers immediately should any change in my condition occur which I have reason or ought to have reason to believe would affect my ability to carry out my duties.

I acknowledge that I understand the nature and type of competition and that as an official, I may be exposed to the potential risk inherent in motor sport and I will undertake my duties with their associated risks with due and proper regard for my safety and that of others, and I will follow the orders and instructions of those supervising me. I declare that (subject to the disclosures provided below) I am not suffering from any infirmity or physical disability likely to affect the performance of my duties as an official of the event.

I understand and agree that my personal data is being processed solely for the purposes of running this Event and will be handled by the organisers in accordance with Motorsport UK data protection policy: www.motorsportuk.org/data-protection. I hereby agree to abide by all applicable Motorsport UK Policies and Guidelines including but not exclusively Safeguarding and Anti-Alcohol and Drugs policies and the National Sporting Code of Conduct.

TO BE COMPLETED BY THE CADET:

Motorsport UK ID Number		**Cadet Name**	
Signature			

TO BE COMPLETED BY THE PARENT / GUARDIAN / GUARANTOR:

☑	**Please SELECT one of the below statements:**
	In an emergency, I authorize the Clerk of the Course to act in loco parentis in my absence to organise the administration of first-aid and/or other medical treatment as necessary. I understand that the Event Chief Marshal and/or the Club Safeguarding Officer will allocate my child to a suitable location/team/role based on the supervisory and medical requirements of my child provided below.
	I will remain on-site and retail full parental responsibility for my child. I am happy to be allocated in the same location/team/role as my child for the purpose of supervising them.

SUPERVISORY AND MEDICAL REQUIREMENTS OF THE CADET:

☑	**As Parent/Guardian/Guarantor, I confirm that the Cadet:**
	Is aware of the dangers of the motorsport environment and can independently carry out tasks commensurate with their role.
	Is aware of the dangers of the motorsport environment but will require guidance and training to carry out tasks commensurate with their role.
	Requires support and supervision at all times to help them develop in their role and improve their understanding of the motorsport environment.

The cadet has specific medical and/or support needs that may affect their ability to fulfil their role safely (please circle). *If yes, this must be declared to the organisers.*	
YES	NO

YOUR DETAILS:

Motorsport UK ID No.		Parent / Guardian / Guarantor Name			
Telephone Number (in case of emergency)		House #		Postcode	
Signature					

By signing above you the parent / guardian / guarantor are declaring the information provided on the form is true and accurate and confirm that you will be contactable using the provided number throughout the duration of the event in case of emergency.