

"PAST MASTERS" Supplementary Regulations for CLASSIC PARADE

Castle Combe
The NATIONAL SUPERBIKE Meeting
Pastmasters Parade - Saturday 22nd August 2009



Permit No: ACU 25739

PCL No: 014

'PR6' PAST MASTERS PARADES for NEW ERA Members to be Organised by the NEW ERA MCC Ltd & to be held under the Standing Regulations and Conditions of the ACU for Parades together with these Supplementary Regulations and any Final Instructions issued or Official Announcements made. Copies of the ACU Regulations and Conditions are available from the Secretary and at the event.

Parades Co-Ordinator... Phil TOMLIN Clerk of the Course... Kevin REVELL ACU Steward... TBN
Chief Scrutineer... Bernie TAYLOR Incident Officer.... Paul KING

1. ELIGIBILITY

To be eligible to enter this event all Riders must be Racing Members of the New Era MCC Ltd.
Such Membership will be granted free to all riders for the purposes of Entry into this event

2. PARADES Saturday 22nd August Event 1. Is for two fifteen minute Classic Parades

3. ENTRIES Entry Fee: £55

Entry Fees are payable to "New Era MCC Ltd", include free Parade Day Membership of New Era MCC Ltd and are non-refundable.

Classes: Any Classic Motorcycle

Entries Close: Saturday 8th August 2008 **Please enclose SAE for the return of your Passes.**

4. INSURANCE

The organisers undertake to Insure each rider, indemnifying him against any third party claims made arising out of the Parades excluding claims by other riders or passengers, entrant, sponsors or mechanics.

5. COURSE The circuit is 1.85 miles long and is covered in a clock-wise direction.

6. PADDOCK A separate Parade parking area will be established within the main paddock. Paraders will be expected to display their machines to their best advantage for the benefit of the public.

7. TYRES Treaded Tyres only or, in special cases, as appropriate to the era of the machine.

8. NOISE **ALL MACHINES WILL BE NOISE TESTED. MACHINES RECORDING ABOVE 105DbA WILL NOT BE PERMITTED TO TAKE ANY PART IN THE MEETING.**

RIDERS MUST ENSURE THAT THEIR MACHINE COMPLIES FULLY WITH THE NOISE LEVEL BEFORE ARRIVING AT THE CIRCUIT AS WE DO NOT WANT TO HAVE TO SEND ANY RIDER AWAY. THIS IS PART OF THE LOCAL AUTHORITY'S REQUIREMENT FOR THE TRACK LICENCE AND LOCAL EHO'S WILL BE PRESENT TO ENSURE THAT THIS REGULATION IS FAITHFULLY CARRIED OUT

PARADE ENTRIES SECRETARY: Phil TOMLIN, New Era MCC, 105 Mill Studio Business Centre,
Crane Mead, WARE, Herts. SG12 9PY Tel: 01920 444205 Fax: 01920 468686

9. STARTING: Riders must be ready in the Assembly Area at the time specified in the Race Day Programme.
10. SCRUTINY: Will be in the Circuit Scrutineering Bay between 9.30am and 10.00am on Saturday.
Every machine will be noise tested at Scrutineering.
Bernie TAYLOR0, Chief Scrutineer for the event will be responsible.

MACHINE PREPARATION

Machines must be prepared as though for competition. Only road/race worthy machines will be accepted. Please do not present any machine for scrutineering which has not been thoroughly cleaned and properly prepared in accordance with the high standard expected. Handlebar controls and levers must be tight on the bars. Drain plugs must be wired. Tyre inflation caps are essential.

Each machine is required to carry three traditional Number Plates with regulation sized numbers and backgrounds.

EXHAUST NOISE

Exhaust silencing is compulsory for this event. Maximum 105dba - with absolutely NO tolerance. The Stroke of the Machine must be clearly marked on the crankcase. If this marking is not clear and present the machine will not be accepted for testing. The importance of having your machine well within the noise levels cannot be over emphasised as Castle Combe is subject to Noise Orders imposed by the Local Authority and the New Era Club is committed to firmly regulating noise levels in support of continued motor cycle activities on the circuit.

PROTECTIVE CLOTHING

Riders must wear a complete (one piece) leather suit with additional leather padding or other protection on the principal contact points, knees, elbows, shoulders, hips, etc.

Linings or undergarments must not be made of a synthetic material which might melt or cause damage to the rider's skin.

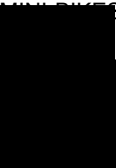
Riders must also wear leather gloves and boots, which, with the suit, provides complete coverage from the neck down.

Leather substitute materials may be used provided they have been checked and approved by the Chief Scrutineer. The use of a back protector is highly recommended.

HELMETS

Riders must wear a helmet which is in good condition, provides a good fit and is properly fastened. Helmets must bear the gold ACU stamp and be of the full face type. Overseas riders may use helmets approved by their own FMN.
(Articles 13.1 & 13.2 of the ACU Standing Regulations for Road Racing also refer.)
Riders must present themselves at scrutineering fully clothed for Parading.

11. MACHINE CHANGES
Changes are permitted only on application to the Parade Secretary.
12. STARTERS:
The maximum number of starters allowed in any parade will be will be **60**
13. PASSES: Three Passes plus a Programme will be allocated to all accepted riders.
14. UNAUTHORISED RIDING IN THE PADDOCK:

Only the Parader is permitted to ride the machine in the Paddock. Mechanics and others are not insured against third party claims.
15. ANIMALS: Please note that dogs are strictly forbidden in all circumstances and whether or not they are in vehicles.
16.  **Paddock bikes are not permitted anywhere in the circuit grounds at any time.**

PASTMASTERS PARADES ENTRY FORM



CASTLE COMBE

22nd August 2009



For Office Use Only:

Date Received:		Late Entry:	
Racing No:		Paid By Chq:	
To be paid by Credit Card:			
Credit Card Paid on Sheet:			

PLEASE COMPLETE IN BLOCK CAPITALS

Full Name: Full Address:.....

 Post Code:

Rider's Age: (18 - 70 Years) Daytime Tel: No..... Riding No. preferred

Machine(s) Make Model Year: cc.....

**CLOSING DATE FOR ENTRIES IS SATURDAY 8th AUGUST 2009
 ENTRY FEES are £55.00**

ENTRY DECLARATION:

I the undersigned apply for PARADE MEMBERSHIP of the New Era MCC Ltd for 2009 and to enter the event described above and in consideration thereof:-

- I declare that I have had the opportunity to read, and understand the ACU Standing Regulations for Parades, these Supplementary Regulations and this Entry Form, and agree to be bound by them.
- I further declare that I am physically and mentally fit to take part in the event and I am competent to do so.
- I confirm that I understand the nature and type of the Parade I am entering and its inherent risks and agree to accept the same notwithstanding that such risks may involve negligence on the part of the organisers or officials.
- I understand that this form may be used in litigation as evidence that any serious injury will be principally the result of my voluntary decision to engage in a high risk activity.
- I confirm that the machine(s) as described above which I participate on shall be suitable and proper for the purpose.
- I understand and accept that the Entry Fee I am required to pay for this event is not refundable

ACKNOWLEDGEMENT OF THE RISKS OF MOTORSPORT

I understand that by taking part in this event I am exposed to a risk of death, becoming permanently disabled or suffering some other serious injury and I acknowledge that even in the event that negligence on the part of the ACU, the promoter, the organising club, the venue owner, or any individual carrying out duties on their behalf were to be a contributory cause of any serious injury I may suffer, the dominant cause of any serious injury will always be my voluntary decision to take part in a high risk activity.

**I HAVE READ THE ABOVE AND ACKNOWLEDGE THAT MY PARTICIPATION
 IN THIS PARADE WILL BE ENTIRELY AT MY OWN RISK**

Rider Signed: Date: Date of Birth

If under 18 years of age: Signature of Parent or Legal Guardian:
 Riders and Passengers under 18 years of age must also complete a "Parental Agreement" form in addition to this entry form to permit them to participate. Their Parent or Legal Guardian must attend signing on with them and must be available for the duration of the meeting. Parental Agreement forms are available from the New Era Offices or the Secretary of the Meeting, and from the ACU.
 NO PER PRO (pp) SIGNATURES will be accepted. Signatures may be checked for authenticity.

<p>PAYMENT METHOD:</p> <p>Cheque value £..... enclosed</p> <p>OR if paying by Credit Card please complete box to the right.</p>	<table border="0" style="width: 100%;"> <tr> <td>CREDIT CARD NUMBER:</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>VALID FROM:</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td>EXPIRY DATE:</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td>3 DIGIT SECURITY CODE (ON BACK OF CARD):</td> <td><input type="text"/></td> </tr> <tr> <td>ISSUE NUMBER (SWITCH only)</td> <td colspan="4">.....</td> <td>TYPE of CARD: (Visa etc)</td> <td colspan="4">.....</td> </tr> <tr> <td>NAME OF CARD HOLDER:</td> <td colspan="9">.....</td> </tr> <tr> <td colspan="10">I UNDERSTAND THAT A £2 SURCHARGE IS TO BE ADDED AND I AUTHORISE NEW ERA MCC TO DEBIT THE ENTRY FEES TO MY ACCOUNT: SIGNED:</td> </tr> </table>	CREDIT CARD NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	VALID FROM:	<input type="text"/>	<input type="text"/>	<input type="text"/>	EXPIRY DATE:	<input type="text"/>	<input type="text"/>	<input type="text"/>	3 DIGIT SECURITY CODE (ON BACK OF CARD):	<input type="text"/>	ISSUE NUMBER (SWITCH only)				TYPE of CARD: (Visa etc)				NAME OF CARD HOLDER:									I UNDERSTAND THAT A £2 SURCHARGE IS TO BE ADDED AND I AUTHORISE NEW ERA MCC TO DEBIT THE ENTRY FEES TO MY ACCOUNT: SIGNED:									
CREDIT CARD NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																										
VALID FROM:	<input type="text"/>	<input type="text"/>	<input type="text"/>	EXPIRY DATE:	<input type="text"/>	<input type="text"/>	<input type="text"/>	3 DIGIT SECURITY CODE (ON BACK OF CARD):	<input type="text"/>																																										
ISSUE NUMBER (SWITCH only)				TYPE of CARD: (Visa etc)																																													
NAME OF CARD HOLDER:																																																		
I UNDERSTAND THAT A £2 SURCHARGE IS TO BE ADDED AND I AUTHORISE NEW ERA MCC TO DEBIT THE ENTRY FEES TO MY ACCOUNT: SIGNED:																																																			

Please return this ENTRY FORM duly COMPLETED on both sides to:- Phil TOMLIN, The Parade Secretary:
New Era MCC, 105, Mill Studio Business Centre, Crane Mead, WARE, Herts. SG12 9PY
 Daytime telephone: 01920 444205
PLEASE ENCLOSE FEE OF £55 plus a STAMPED ADDRESSED ENVELOPE

Ref: Jean:CC/PARADES/P3

RIDER'S NAME

PASTMASTERS PARADE WEEKEND 22nd AUGUST 2009 MEDICAL DECLARATION

RIDER'S	
AGE	NUMBER

All PASTMASTERS PARADE riders are required to complete this medical self-declaration. This information will be treated as confidential and will be available only to New Era Club Officials, the ACU and Doctors or Officials at the meeting.

Please answer all of the questions truthfully. False declarations may have serious consequences. If you answer Yes to any of the questions in this declaration please provide full details in the space below. These should include the date you first developed the condition, details of any tests, investigations and of any treatment you have undergone. Please include the names and addresses of any specialists you have seen and hospitals you have attended. Please give full details of any medication you are taking.

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

	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Please use this space to give more details	
1 Epilepsy, fits, blackouts or any condition, which may cause loss of consciousness?	Yes	No		
2 Any condition which might cause dizziness, vertigo or loss of balance?	Yes	No		
3 Have you been unconscious because of a head injury or suffered from concussion?	Yes	No		
4 Any progressive neurological disorder such as MS or Motor Neurone disease?	Yes	No		
5 Have you ever has a stroke of any kind?	Yes	No		
6 Loss of strength, loss of feeling, loss of control or loss of movement of any of your limbs, head and neck?	Yes	No		
7 Amputation of any of your limbs?	Yes	No		
8 Do you have any artificial limbs?	Yes	No		
9 Any condition affecting your heart?	Yes	No		
10 Any surgical operation for a heart condition (e.g. Bypass, angioplasty, pacemaker fitted)?	Yes	No		
11 Any kind of tumour or cancer?	Yes	No		
12 Any condition affecting the main arteries? (e.g. bypass grafts, aortic aneurysm)	Yes	No		
13 Diabetes? Please state whether treated by diet, tablets or insulin?	Yes	No		
14 Any psychiatric or emotional illness?	Yes	No		
15 Hypertension (High blood pressure)?	Yes	No		
16 Any condition affecting your vision or eyes?	Yes	No		
17 Alcohol, drug or any substance misuse?	Yes	No		
18 Are you taking any medication?	Yes	No		
19 (Include tablets, medicines, etc whether prescribed or bought over the counter)	Yes	No		

Continue on another page if required.

I declare that the answers I have given are true and complete. I give my permission for the ACU or the Event Organisers to obtain any information about my medical history from any medical practitioner I have consulted. I give consent to any necessary information concerning an injury at an event being given by the attending doctor to the Clerk of the Course of the event and also to my own doctor and relatives. The doctor may also give information to other persons if authorised to do so by me personally, according to the doctor's own professional ethical code.

Name of Rider _____
(IN BLOCK LETTERS) Signature of Rider _____

NOTE: Where the Applicant answers "YES" to any question above it may not necessarily prevent him from participating - he will however be referred to the Chief Medical Officer on the day for clearance.