



FEDERAZIONE MOTOCICLISTICA ITALIANA

00196 Roma - Viale Tiziano, 70 - Tel. 06.32488.252-285 - Fax. 06.32488.420 - E-mail licenze@federmoto.it

RICHIESTA LICENZA INTERNAZIONALE ANNO 2020

SPECIALITÀ

MOTO	CILINDRATA	CLASSE

Cognome e Nome

Data di Nascita

N. Lic. Agonistica

N. Telefonico Fisso

Cellulare

E-mail

N. Moto Club

Denominazione del Moto Club

Riferimento in caso di infortunio

Important note:

Please specify the person to be contacted in case of emergency (legal representative for minors) and her / his phone number with the international prefix.

Cognome:	Nome:
Cellulare:	

Richiesta Pilota :

Licenza Annuale

Manifestazione Singola

Più Singole Manifestazioni

Richiesta Team :

Licenza Annuale

Manifestazione Singola

Più Singole Manifestazioni

Richiesta Assistente Trial :

Licenza Annuale

Manifestazione Singola

Gare Internazionali a cui si intende partecipare (1):

DENOMINAZIONE	LUOGO	DATA	N. EMN / IMN	IMPORTO

Curriculum Sportivo (2):

(1-2) - Elementi necessari al S.T.S. per valutare l'eventuale rilascio della Licenza Internazionale e dei relativi nulla-osta.

<p>IL SOTTOSCRITTO DICHIARA DI CONOSCERE ED ACCETTARE LE NORME ED I REGOLAMENTI DELLA FMI, IN PARTICOLARE LO STATUTO, IL REGOLAMENTO ORGANICO FEDERALE, ED IL CODICE MONDIALE ANTIDOPING.</p> <p>..... FIRMA AUTOGRAFA LEGGIBILE DEL CONDUTTORE (IN CASO DI MINORE FIRMA DEL GENITORE)</p>	<p>IL SOTTOSCRITTO NELLA SUA QUALITA' DI PRESIDENTE DELLA SOCIETA' DI CUI ALLA PRESENTE RICHIESTA DICHIARA CHE IL SUDETTO TESSERATO HA SOTTOSCRITTO PERSONALMENTE LA DOMANDA.</p> <p>..... FIRMA AUTOGRAFA LEGGIBILE DEL PRESIDENTE</p>
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Luogo e Data

All.: Fotocopia Licenza FMI, documento di identità, Certificato ALPHA.

Il Concorrente
iscritto ad un Campionato, ad un Prix FIM o ad una manifestazione internazionale, ai sensi del regolamento sportivo FIM e FIM Europe, si impegna ad esonerare la FIM, la FIM Europe, la FMNR, gli Organizzatori e gli Ufficiali di gara, nonché i loro rappresentanti e dipendenti, da qualsiasi responsabilità per eventuali lesioni fisiche o danni materiali, in cui potrebbe incorrere durante lo svolgimento di un Campionato, Prix FIM, una manifestazione internazionale o un allenamento in vista di tali manifestazioni.

Il Concorrente si impegna altresì a sollevare la FIM, la FIM Europe, la FMNR, gli Organizzatori e gli Ufficiali di gara, nonché i loro rappresentanti e dipendenti, da qualsiasi responsabilità verso terzi per eventuali perdite, danni o lesioni di cui sia responsabile congiuntamente ed individualmente.

Il Concorrente dichiara di essere a conoscenza che le delibere definitive emesse dagli organi giurisdizionali o dall'Assemblea Generale della FIM non possono essere appellate davanti i tribunali ordinari, e che tali delibere devono essere sottoposte esclusivamente al giudizio del Tribunale Arbitrale dello Sport, che procederà alla risoluzione definitiva della vertenza ai sensi del Codice di Arbitrato Sportivo.

Firma del pilota o del suo rappresentante legale

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MEDICAL HISTORY FORM

(to be completed by applicant)

Personal Data:

Name:		First name:	Date of birth:
Address:			
Sex:	male	female	FMN:

No	Yes	Details
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Loss of consciousness for any reason dizziness or headache

Eye problems (except glasses)

Asthma

Allergy to medicines or drugs

Diabetes

Heart problems

Blood pressure disorder

Stomach problems (ulcer, etc)

Uro-genital problems

Epilepsy or convulsions

Mental or nervous disorder

Problems with arms or legs incl. muscle cramp or joint stiffness

Blood disorder with tendency to bleeding

Blood group

Operations

Do you take any medicine or drugs regularly?

If you take any medicine or drugs regularly, please list below the medicine or drugs:

- a. I have not been banned, on medical grounds, from taking part in any other sport.
- b. I do not take any prohibited substances and/or methods as per the WADA list and do not abuse alcohol.
- c. In case of an injury and/or illness I give permission to the Medical Staff of the event to release any relevant information **to my next-of-kin and team manager.**
- d. I will immediately inform the relevant FIM Medical Officer /FIM SBK Medical Director/FIM Medical Director/ Representative and the CMO of any changes in my health through illness or injury that may adversely affect my ability to ride or compete
- e. I declare that the information that I have given is the truth.
- f. I agree to the information on the Medical Examination Form being sent to the doctor of my FMN.

Date _____ Signature of applicant (or responsible Parent or Guardian if a minor)



MEDICAL EXAMINATION FORM APPENDIX B
 (To be completed by doctor with reference to the FIM Medical Code,
 Art. 09.1.1 Guidelines for the examining doctor)

Personal Data:

Name:		First name:		Date of birth:	
Address:					
Sex:		male	female	FMN:	
Normal				Abnormal	Details (if abnormal)
<input type="checkbox"/>	Cardio-vascular system			<input type="checkbox"/>	
<input type="checkbox"/>	*Excercise tolerance ECG			<input type="checkbox"/>	
<input type="checkbox"/>	*Echocardiography			<input type="checkbox"/>	
<input type="checkbox"/>	Blood pressure			<input type="checkbox"/>	
<input type="checkbox"/>	Pulse			<input type="checkbox"/>	
<input type="checkbox"/>	Respiratory system			<input type="checkbox"/>	
<input type="checkbox"/>	Nervous system	central	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>		peripheral	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Ear, nose and throat,	right	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	in particular vestibulo-cochlear apparatus	left	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Locomotor-system	arm	right <input type="checkbox"/>	left <input type="checkbox"/>	
<input type="checkbox"/>		leg	right <input type="checkbox"/>	left <input type="checkbox"/>	
<input type="checkbox"/>		spine	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Abdomen (hernia)			<input type="checkbox"/>	
<input type="checkbox"/>	Urine	Albumen	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>		Glucose	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Eyes:	Distant vision			
<input type="checkbox"/>		without	right <input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>		correction	left <input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>		with	right <input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>		correction	left <input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>		color vision	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>		visual field	<input type="checkbox"/>	<input type="checkbox"/>	

* In addition to the medical examination, an applicant for any licence in FIM Cross-Country Rallies WC must undergo and pass successfully an echocardiogram once in his lifetime prior to the issuing of the licence. An exercise tolerance electrocardiogram must be conducted and successfully passed with this echocardiogram and is then required every three years.

Except in Trial an exercise tolerance electrocardiogram is required for riders aged 50 years and over.

- I, the undersigned, certify that I am this person/rider's medical practitioner and familiar with his/her medical history.
- I, the undersigned, certify that I know and am familiar with the WADA list of prohibited substances and prohibited methods
- I, the undersigned, certify that I have not prescribed any prohibited substances and/or prohibited methods to this person
- I, the undersigned, certify that I have prescribed prohibited substance(s) and/or prohibited method(s) to this person, providing that a TUE was agreed by the FIM and/or that no alternative treatment with authorised substance(s) was possible
- I, the undersigned, know of no medical reasons why this person cannot operate a motorcycle**
- I, the undersigned, certify that this person is medically NOT FIT to take part in motorcycle events
- I recommend that this person be examined by a member of the medical commission of his/her FMN or doctor appointed by the FMN and of the FIM, if necessary.

Date of examination

Signature and stamp of Doctor



APPENDIX 3 RIDER CONSENT FORM

As a member of an FMN and/or a participant in an event authorized or recognized by the FIM, CONU or FMN, I hereby declare as follows:

1. I acknowledge that I am bound by, and confirm that I shall comply with, all of the provisions of FIM Anti-Doping Rules (as amended from time to time), the World Anti-Doping Rules (the “Code”) and the International Standards issued by the World Anti-Doping Agency, as amended from time to time, and published on WADA’s website.
2. I consent and agree to the creation of my profile in the WADA Doping Control Clearing House (“ADAMS”), as requested under the Code to which the FIM is a Signatory, and/or any other authorized National Anti-Doping Organization’s similar system for the sharing of information, and to the entry on my Doping Control, Whereabouts and Therapeutic Use Exemptions (“TUE”) related data in such systems.
3. I acknowledge the authority of the FIM and its member National Federations (“FMN”) and/or National Anti-Doping Organizations under the FIM Anti-Doping Rules to enforce, to manage results under, and to impose sanctions in accordance with the FIM Anti-Doping Rules.
4. I acknowledge and agree that any dispute arising out of a decision made pursuant to the FIM Anti-Doping Rules, after exhaustion of the process expressly provided for in the FIM Anti-Doping Rules, may be appealed exclusively as provided in Article 13 of the FIM Anti-Doping Rules to an appellate body for final and binding arbitration, which in the case of International-Level Riders is the Court of Arbitration for Sport (CAS).
5. I acknowledge and agree that the decisions of the arbitral appellate body referenced above shall be final and enforceable, and that I will not bring any claim, arbitration, lawsuit or litigation in any other court or tribunal.

I have read and understand the present declaration.

Date

Print Name (Last Name, First Name)

Date of Birth
(Day/Month/Year)

Signature (or, if a minor, signature of
legal guardian)