Office Use:

**PERMIT APPLICATION TO CONDUCT**

**A KICKSTART PROGRAM**

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| **Club or Promoter:** |  | **Contact Name:** | |  | | |
| **Postal Address:** |  | **Contact Number:** | |  | | |
|  |  | **First Aid:** | |  | | |
| **Email:** |  | | | | | |
| **Venue/Track Name:** |  | | | | | |
| **Coaches:** | | **Quarter:** | **1** | **2** | **3** | **4** |
| **Coaches:** | | | Jan – March | April – June | July – Sep | Oct - Dec |
|  | | | | | | |
| **THIS FORM MUST BE SUBMITTED FOR EACH RELEVANT QUARTER**   * Coaches must hold a current Working with Children Check. * Kickstart Permits cover only those activities necessary to complete the licence assessment in accordance with the Motorcycling Australia Kickstart Booklet. * Kickstarts are only able to be carried out by clubs in the clubs licenced venue. * These permits do not cover coaching and/or licence endorsements, and at no time should a licenced rider be permitted to ride under this permit. | | | | | | |
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| **The correct indemnity form supplied with the permit MUST be returned before the next kickstart permit will be issued. If no kickstart programs were run, the correct indemnity must be returned and the club secretary to confirm on this that no kickstarts were run on this permit.**  **No indemnities - no next quarter** | | | | | | |
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| ***The decision to cover such events is at the discretion of the Management of Motorcycling NSW Limited. It is at the Promoter’s discretion and highly recommended that insurance cover is in place for activities not covered by MA insurance policy.*** | | | | | | |
| I wish to apply for approval to conduct the above-described meeting and hereby agree to abide by the General Competition Rules of Motorcycling Australia Limited and the By-Laws of Motorcycling NSW Limited. This application is made with the approval of the landowner and/or any authority controlling the use of the course or track. I understand and hereby accept that the promoter is responsible for paying the excess on any public liability insurance claims arising out of this meeting. | | | | | | |

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| **APPLICANTS NAME:** |  | **SIGNATURE:** |  | **DATE:** |  | |
| **All applications, FULLY COMPLETED MUST be received in the Motorcycling NSW Office no later than TWO WEEKS prior to the event** | | | | | |

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| **This application WILL NOT be processed until all required information has been received.** |