

APPLICATION FORM
FOR
EXERCISE LICENCE

I the undersigned _____
(STATE FULL NAME)
hereby apply to the Stewards of the Barbados Turf Club for a licence to ride as a Exercise
Lad/Lass in accordance with the Rules of Racing of the Barbados Turf Club during the year
20_____

I hereby agree to submit to and be bound by the said Rules of Racing and all Regulations,
Conditions and Instructions issued in connection therewith.

CONSENT TO DRUG TESTING Rule 64(f)

I hereby consent to being tested for Banned Substances and Notifiable Medications measures
by such Medical Practitioner(s) as authorised by the Barbados Turf Club, at anytime during the
period of the 20___ Jockey Licence being issued to me by the Barbados Turf Club and for the
results of such test to be made available to the Barbados Turf Club.

Signature of Applicant: _____

Date: _____

N.B. The Following must be submitted with the Application:-

- a) Applicant information and Medical history form duly completed and signed by a Registered Medical Practitioner in Barbados**
- b) A Certificate issued by a Registered Medical Practitioner of this Island certifying that Jockey/Apprentice Jockey is in good health.**

APPLICANT INFORMATION AND MEDICAL HISTORY

FORM TO BE COMPLETED BY A REGISTERED MEDICAL PRACTITIONER

Applicant Information:

Name: _____

Address: _____

Telephone No.: _____

Contact No. _____

National Reg. No. _____

National Ins. No. _____

Date Of Birth: _____

Present Age: _____

Blood Type: _____

Current Bodyweight: _____

Medical History:

	Yes	No		Yes	No
1			11		
2			12		
3			13		
4			14		
5			15		
6			16		
7			17		
8			18		
9			19		
10			20		

21 Other information Doctor considers relevant:

(Please state whether the applicant is fit to ride racehorses)

Signed _____
Registered Medical Practitioner

In case of emergency please contact (Next of Kin):

Name: _____

Address: _____

Telephone No.: _____

Contact No. _____

For Official Use Only:

Licence approved by: _____

Date: _____