The Secretary Of The Barbados Turf Club

ANNUAL FEE $100.00 (Jockey)
$70.00 (Apprentice)

APPLICATION FORM

FOR

JOCKEY'S/APPRENTICE JOCKEY'S LICENCE

I the undersigned_____
(STATE FULL NAME)
hereby apply to the Stewards of the Barbados Turf Club for a licence to ride as a Jockey/Apprentice Jockey 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.

I declare that I am not an Owner, Trainer, Authorised Agent or Registered Agent of any recognised company.

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	Skin Disease			11	Ever Hospitalised		
2	Heart Disease			12	Motion Sickness		
3	Rheumatic Fever			13	Broken Bones		
4	Ever had a E.C.G.			14	Reaction to Medicines		
5	Emotional or Mental Illness			15	Sickle Cell Disease		
6	Lung Injury or Disease			16	Allergies		
7	Operations of Injuries			17	Diabetes		
8	Injuries to Muscles Ligaments or Cartilages			18	Jaundice		
9	Head Injuries			19	Kidney Disease		
10	Convulsions			20	Heat Stroke or Heat Intolerance		

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: _____