

Date of the payment:

SLOVAK MOTORCYCLING FEDERATION 2026 RIDER'S LICENCE APPLICATION FORM

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|--|------------------|--------|-------------------------------------|-------------------|----------------|----------|--|
| Licence number (filled-in by SMF): | | | | | | | |
| | | | | | Starting No.: | | |
| o e attachagas. I | | | 7 70 (| • | | | |
| Sporting discipline: | | | Category, class: | | | | |
| FIM (World Championship and Prizes) | | | National rider's licence | | | | |
| FIM Europe (European Championship and Cups) | | | Leisure motorcycling | | | | |
| International rider's licence | | | Sidecar/passenger | | | | |
| ** SMF insurar | nce cover | | | | | | |
| ** The FIM, FIM Europe or International licence can only be issued to riders who have insurance cover for the case of permanent disability, case of death, for medical treatment and repatriation. This insurance cover can only be purchased through the SMF. | | | | | | | |
| , , | | | | | | | |
| Surname: | | Naı | me: | | Date of Birth: | 1 | |
| | | | | | | | |
| Address street+no: | | Pos | | City, country: | : | | |
| Country of birth: | Mok | oile: | | E-mail: | | | |
| Club: | | | | <u> </u> | Nationality: | | |
| | | | | | | | |
| | | Medica | al confirmation | n | | | |
| Rider´s name: | | | | | | | |
| Name of the Medical | Insurance | | | Da | ate of Birth: | | |
| company: | le de la cation. | | | | | | |
| Alergies, long term ta | ken medication: | | | | | | |
| Glasses: | YES | NO | Cardiograph (rid over 50 years): | lers | Positive | Negative | |
| Remarks: | | | | | | | |
| | | | | | | | |
| The above mentioned rider is able to practise the Stamp and signature | | | | | doctor | | |
| motorcycling sport in the framework of the SMF, FIM Europe and FIM meetings. | | | | | | | |
| | | | | | | | |
| Date of the examinati | on: | | | | | | |
| Licence Fee Payment | | | | | | | |
| THE LICENCE WILL BE SENT ONLY AFTER THE PAYMENT OF THE LICENCE FEE | | | | | | | |
| Please attach the payment receipt to this application form. | | | | | | | |
| Payment method: | Bank transfer | (| Cash Card payment | | | | |
| | | | | | | | |

When paying by bank transfer, please, indicate your name in the message for the recipient.

Acknowledgment and Agreement by the Rider

- I, as a member of the SMF and/or a competitor in the SMF or FIM authorised or recognised meeting, hereby acknowledge and agree as follows:
- 1. I have received and had an opportunity to review the FIM Anti-Doping Code.
- 2. I consent and agree to comply with and be bound by all of the provisions of the FIM Anti-Doping Code, including but not limited to, all amendments to the Anti-Doping Rules and all International Standards incorporated in the Anti-Doping Rules.
- 3. I acknowledge and agree that the SMF and the FIM have jurisdiction to impose sanctions as provided in the FIM Anti-Doping Code.
- 4. I also acknowledge and agree that any dispute arising out of a decision made pursuant to the FIM Anti-Doping Code, after exhaustion of the process expressly provided for in the FIM Anti-Doping Code, may be appealed exclusively as provided in Article 13 of the FIM Anti-Doping Code to an appellate body and in last instance for final and binding arbitration to the Court of Arbitration for Sport.
- 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 of litigation in any other court or tribunal.
- 6.I have read and understand this Acknowledgement and Agreement.

Environmental code

I hereby declare that I will observe and respect environmental guidelines issued by the FIM Europe Environment Commission and FIM Environmental Code and I will respect all the national environmental laws.

I recognise the importance of these rules for the preservation of the nature and I will practice this sport respecting the environment.

Consent to the processing of the applicant's personal data

By submitting the application, the applicant / legal representative agrees with the processing of the personal data that are kept in the SMF evidence and are defined in §8, par.3 in conjunction with §80 par. Article 2 a), b), d) - r), 4 - 7 of the Act on Sport. The SMF deals with these on legal basis: Act on Sport under Section 13 par. (1) c) of Act no. 18/2018 Coll. The applicant / legal representative also agrees with the possible photograph and video making at SMF events - legal basis: Act on Sport pursuant to §13 par. (1) c) of Act no. 18/2018 Coll., if the conditions according to §5 par. 6 and 7 of the Act on Sport and their disclosure - the legal basis of a legitimate interest according to §13 par. (1) f) of Act no. 18/2018 Coll. (promoting SMF activities, its results and achievements of SMF riders and SMF). The data can be published on the SMF website, which is the official SMF information source and in the official sport information system of the Slovak Ministry of Tourism and Sport. The SMF in accordance with §32 of Act no. 18/2018 Coll. shall provide all necessary technical and organizational measures for the protection of the applicant's personal data. The applicant has the right under §21 par. 1 of Act No. 18/2018 Coll. to access his/her personal data, and has the right to get a copy of his/her personal data that are processed by the SMF and at the same time this will not affect the rights and freedom of other concerned persons. The applicant, in accordance with the §23 of Act no. 18/2018, has the right to have his personal data deleted from the SMF evidence and in accordance with §14 paragraph 3 of Act no. 18/2018 has the right to revoke the granted consent with the processing of his/her personal data. It is mandatory for the applicant to report any changes in his/her personal data within 15 days to the SMF Secretariat.

By signing the application, the applicant / legal representative confirms his / her integrity, veracity and validity of the mentioned data. At the same time, he/she commits to complying with the applicable FIM. FIM Europe and SMF regulations.

| Place: | Date: | Signature: |
|--------|-------|------------|
| | | |

Certified signatures of legal guardians

| Signatures of both parents / legal guardians certified by the appropriate authority in case the applicant is under 18: | | | | |
|--|---------------------------------|--|--|--|
| FATHER | MOTHER | | | |
| Name and surname: | Name and surname: | | | |
| Signature: | Signature: | | | |
| Certification of the signature: | Certification of the signature: | | | |
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