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THE JOCKEY CLUB
 NEWMARKET

THE NEWMARKET TOWN PLATE
SATURDAY 29TH AUGUST 2020
 THE ROUND COURSE, NEWMARKET

ENTRY FORM

RIDER DETAILS			
RIDER'S NAME: (Mr. Mrs. Miss. Please denote)			
DATE OF BIRTH:			
ACTUAL WEIGHT:		RIDING WEIGHT:	
ADDRESS:			
TELEPHONE:			
EMAIL:			
OCCUPATION OF RIDER:			
QUALIFICATION OF RIDER: (A, B, C or D – see race conditions)			
COLOURS TO BE WORN: (include body colour & markings; sleeve colour & markings; cap colour & markings)			
NEXT OF KIN: (include name, contact telephone number & address)			
RIDERS ASSESSMENT & FITNESS TEST: (Please tick your preferred date & Location)		Wednesday 3 rd June – Northern Racing College, Doncaster <input type="checkbox"/> Friday 5 th June – British Racing School, Newmarket <input type="checkbox"/>	

DECLARATION OF HEALTH	
RIDER NAME:	
NAME OF GP:	
GP ADDRESS:	
DATE OF LAST BHA MEDICAL EXAMINATION (if applicable)*	
HAVE YOU SUFFERED FROM ANY INJURIES OR SERIOUS ILLNESSES SINCE YOUR LAST BHA MEDICAL EXAMINATION: (IF YES, PLEASE GIVE DETAILS)	
ARE YOU AT PRESENT RECEIVING ANY TREATMENT OR REGULAR MEDICATION SUPERVISED BY YOUR DOCTOR? IF YES PLEASE GIVE DETAILS:	
DO YOU SUFFER FROM ANY ALLERGIES? IF YES PLEASE GIVE DETAILS:	

- *
- All applicants must complete and pass a BHA Medical (Appendix ii)
 - A BHA Medical is valid for 5 years*.
 - *Applicants who are aged 50 or over will be required to renew their BHA Medical every 2 years.
 - Organisers reserve the right to use their discretion and may request a medical more often in individual cases

HORSE DETAILS	
HORSE'S NAME:	
D.O.B:	
COLOUR & SEX:	
BREEDING: (DAM & SIRE)	
QUALIFICATION OF HORSE: (A, B or C – see race conditions)	
COLOURS TO BE WORN: (include body colour & markings; sleeve colour & markings; cap colour & markings)	
EQUIPMENT TO BE WORN: (tongue tie/visor/hood etc.)	
OWNERS NAME:	
ADDRESS:	
TELEPHONE & EMAIL:	
TRAINER'S NAME:	
ADDRESS:	
TELEPHONE & EMAIL:	
RESERVE ENTRY: (IF YES, PLEASE COMPLETE PAGE 4)	YES <input type="checkbox"/> NO <input type="checkbox"/>

RESERVE HORSE DETAILS**	
HORSE'S NAME:	
D.O.B	
COLOUR & SEX	
BREEDING: (DAM & SIRE)	
QUALIFICATION OF HORSE: (A, B or C - see race conditions)	
COLOURS TO BE WORN: (include body colour & markings; sleeve colour & markings; cap colour & markings)	
EQUIPMENT TO BE WORN: (tongue tie/visor/hood etc.)	
OWNERS NAME:	
ADDRESS:	
TELEPHONE & EMAIL:	
TRAINER'S NAME:	
ADDRESS:	
TELEPHONE & EMAIL:	

**Please enclose a copy of each horse's passport including ALL vaccination pages.
Declarations to be made by 10am Thursday 27th August 2020**

****Reserve horse must be entered when submitting application. Reserves will not be accepted at a later date.**

Disclaimer:

We understand and agree to the race conditions and details for The Newmarket Town Plate, as set out within the document Ref. AM012020. We understand that we are wholly responsible for ensuring the fitness and competence of our horse and rider for this race. We agree to take part at our own risk.

Owner:

Signed: _____ Print: _____ Date: _____

Trainer:

Signed: _____ Print: _____ Date: _____

Owner of reserve (if different):

Signed: _____ Print: _____ Date: _____

Trainer of reserve (if different):

Signed: _____ Print: _____ Date: _____

Please ensure that you have read the full conditions of the race. Any application received without all correct supporting documentation will not be accepted. Rider Assessment and Fitness Test must be passed and a copy provided along with the completed BHA Medical by Friday 10th July 2020 but do not have to be submitted with the initial application.

Rider Declaration:

I hereby declare that the information I have given in this document (Ref. AM012020) is both accurate and complete and I know of no reason medically or otherwise, why I should not participate in a thoroughbred horserace over 3 miles 6 furlongs.

Signed: Printed:

Date:

**Entries be submitted by Friday 8th May 2020.
Please submit to:**

Anna Metekohy,
Newmarket Racecourses
Westfield House, The Links,
Newmarket, Suffolk CB8 0TG

E: anna.metekohy@thejockeyclub.co.uk



APPENDIX i

THE NEWMARKET TOWN PLATE
SATURDAY 29TH AUGUST 2020
THE ROUND COURSE, NEWMARKET

RIDER QUALIFICATION CERTIFICATE

(NAME OF RIDER)

I CONFIRM THAT THE ABOVE NAMED HAS BEEN
RIDING THOROUGHBREDS FOR YEARS, AND I
CONSIDER THAT **HE/SHE IS COMPETENT TO RIDE IN A FLAT
RACE OVER **3 MILES 6 FURLONGS**.

SIGNED: _____

NAME: (Printed) _____

(** Trainer/Permit Holder)

ADDRESS: _____

TEL: _____

DATE: _____

** Delete as necessary.


THE JOCKEY CLUB
NEWMARKET

APPENDIX ii

Given the nature of your participation, not all elements of this form need to be completed. The type of licence applied for is 'Newmarket Plate' and Applicants who are 55 years and older will require a blood screen and a resting ECG (heart trace) undertaken by your GP. Please note applicants are responsible for all costs associate with their application.

All medical forms will be reviewed in confidence by the BHA Medical Department and held on a secure password protected computer system. Following the review, you will be informed whether you have been cleared medically to participate, whether further assessment is required, or your application has been declined. The medical information for successful applicants will be available to the doctors providing medical cover at the race meeting.

Newmarket Racecourses will NOT have access to your personal medical information.

Please submit your completed medical form by 10th July 2020 (note that any medicals received after this point will not be accepted and your entry will be withdrawn) to:

Dr Jerry Hill
Chief Medical Adviser
British Horseracing Authority
75 High Holborn
London
WC1V 6LS

T 020 7152 0137
F 020 7152 0136

medical@britishhorseracing.com



CONFIDENTIAL – MEDICAL REPORT IN CONNECTION WITH AN APPLICATION TO RIDE IN RACES UNDER THE RULES OF RACING, THE POINT-TO-POINT OR ARABIAN RACING REGULATIONS

TYPE OF LICENCE/PERMIT APPLIED FOR:

Professional

- Full Jump [] Conditional []
Full Flat [] Apprentice []

Amateur

- Under Rules Flat Races []
Steeple Chases and Hurdle Races []
Both - Flat and Steeple Chase/Hurdle Races []
Point to Point []
Arabian []

Surname All Forenames

(Previous surname, e.g. maiden name)

Date of Birth..... Age

Home Address

Tel no..... E-mail Address

Next of Kin Name and Tel no.

DETAILS OF PREVIOUS LICENCES/PERMITS HELD:-

What licence(s)/permit(s) to race ride do you currently hold?

List of any licences/permits held in the past of another type

Date of first licence/permit issued by the Jockey Club/Horseracing Regulatory Authority/British Horseracing Authority/Arabian Racing Organisation.

Have you ever had a licence refused or deferred by the Jockey Club/Horseracing Regulatory Authority/British Horseracing Authority/Arabian Racing Organisation on medical grounds?

Date ReasonDate re-instated.....

Date of last medical examination by own GP or Jockey Club/Horseracing Regulatory Authority/British Horseracing Authority Chief Medical Adviser in support of an application for a licence/permit

Do you hold a valid drivers licence? yes/no Has your licence ever been revoked or suspended for medical reasons? yes/no

If yes, please state date(s) and reasons.....

INTRODUCTION

Race riding is an activity that requires jockeys to exercise physical skills and judgement of an extremely high order. Any failure in a jockey's performance may not only put his/her life in danger but may also put others at risk of injury, permanent disability or death. The British Horseracing Authority requires that all jockeys applying for a licence or permit to ride under Rules or Point-to-Point or Arabian Racing Regulations provide a Declaration of Health and appropriate medical evidence of his/her 'fitness to ride'. Each application is subject to scrutiny by the British Horseracing Authority's Chief Medical Adviser who may request additional medical reports or specialist examination(s) as appropriate. All costs incurred in providing this information are the responsibility of the applicant. When sufficient information is available, a medical recommendation regarding each applicant is made to the Licensing Committee of the Point-to-Point Authority, British Horseracing Authority or Arabian Racing Organisation for their consideration. The decision to grant or refuse a licence or permit rests with the British Horseracing Authority. Such decisions may be subject to a Medical Review Procedure where appropriate. Existing licence or permit holders who, during the period of the licence or permit, suffer a significant injury (e.g. concussion, fracture) or significant illness (e.g. cancer, hepatitis) that could in any way affect their fitness to ride, must inform the British Horseracing Authority Chief Medical Adviser at the earliest opportunity. This applies to any significant illness or injury - regardless of whether or not it resulted from a racing incident (e.g. road traffic accident, hacking, eventing, on the gallops, winter sports, hang gliding etc.)

Chief Medical Adviser

STATEMENT ON CONCUSSION

Concussion is a minor traumatic brain injury. In the short term concussion reduces performance and there is some evidence that repeated concussions may lead to long term impairment of brain function. Horse racing currently has one of the highest rates of concussion in sport.

If you believe you or a colleague may be concussed from a fall on the gallops or on a racecourse you should seek medical advice. It is important that you do not return to race riding while you are still recovering from concussion and it is suggested you undergo rehabilitation with a suitably trained Physiotherapist.

If you suspect that you have suffered a concussion please contact the BHA Medical Department for advice on how best to manage it. A concussion regardless of where it is sustained is a reportable injury under the Rules of Racing. (Rider Manual (D) Part 2, 13)

Current helmets do not prevent concussion. However if you have suffered a concussion you should replace your helmet as its strength will have been impaired and for concussions diagnosed on the racecourse the BHA through the Helmet Bounty Scheme will help pay for a replacement.

To return to race riding after a concussion the BHA will arrange for you to undergo post-concussion testing and see a Neurologist.

I acknowledge that I understand the potential risk that I am exposing myself to by participating in race riding.

(Name)..... (Signature).....

(If under 18, this must be signed by a parent or guardian)



THIS FORM MUST BE COMPLETED BY A GP WITH ACCESS TO THE APPLICANTS COMPLETE MEDICAL RECORDS

MEDICAL HISTORY

Name of Applicant

1. How long have you been the applicant's registered GP?
.....

2. From what date do you hold records for this applicant?
.....

3. Family History - is there any family history of disease or illness? (e.g. Diabetes, Cardio-Vascular Disease, High Blood Pressure, Lipid Disorders etc.)
.....

4. Social History
Does the applicant smoke? yes/no Daily consumption Alcohol approx. weekly consumption (in units)

5. Illness, Hospital admissions or Surgery (non-traumatic)

Date	Diagnosis	Outcome
.....
.....

6. Fractures. Dislocations. Subluxations and other injuries

Date	Diagnosis	Outcome
.....
.....
.....

7. Concussive Episodes

Date	How this occurred (riding/RTA etc)	How long off?
.....
.....
.....

8. Other Investigations - MRI, EEG, XRAYs etc. (not mentioned above)

Date	Investigation	Outcome
.....
.....

9. Has the applicant ever suffered from: -

	Yes	No	Details
Mental Health issues	<input type="checkbox"/>	<input type="checkbox"/>	
Fits or Convulsions	<input type="checkbox"/>	<input type="checkbox"/>	
Giddiness, Blackouts or Fainting episodes	<input type="checkbox"/>	<input type="checkbox"/>	
Cardiovascular Disease (incl. High BP)	<input type="checkbox"/>	<input type="checkbox"/>	
Deafness	<input type="checkbox"/>	<input type="checkbox"/>	
Visual Disturbances	<input type="checkbox"/>	<input type="checkbox"/>	
Asthma or Respiratory Disease	<input type="checkbox"/>	<input type="checkbox"/>	
Endocrine Disorders (thyroid, diabetes etc)	<input type="checkbox"/>	<input type="checkbox"/>	
Musculo-Skeletal Disorders	<input type="checkbox"/>	<input type="checkbox"/>	

10. Is the applicant currently on any medication? yes/no
Please list

11. List all medications prescribed in the last 12 months for more than 14 days (excluding contraceptive medication).
.....

12. Allergies – Drugs or Food

MEDICAL EXAMINATION

Name of Applicant

HeightWeight BMIPulse.....Blood Pressure.....

Visual Acuity (**must be measured in EVERY case**)

	Uncorrected	Corrected
Right Eye		
Left Eye		

N. B. only soft contact lenses are permitted when race riding

CARDIO VASCULAR SYSTEM Normal/Abnormal

Heart sounds
Peripheral pulses

RESPIRATORY SYSTEM Normal/Abnormal

Thoracic cage
Air entry
Peak flow.....Predicted peak flowOr
Attach spirometry print out

ABDOMEN Normal/Abnormal

Palpation
Herniae
Other abnormalities

CENTRAL NERVOUS SYSTEM Normal/Abnormal

Pupils - size, equality and reaction
Reflexes - elbow, wrist, knee and ankle
Co-ordination
Speech and hearing

MUSCULO-SKELETAL SYSTEM Normal/Abnormal

Configuration, mobility and strength
Shoulders and upper limbs
Grip
Spine, Hips and lower limbs
Gait

URINALYSIS (if abnormal, please repeat dipstick after 2 days)		Q-Risk 2-2017 score.....%
Protein	Absent/Present	Note :- -riders aged 25-55 use Q-risk estimated or measured lipids -riders aged 55+ require lipids to be measured Scores 20% or greater should be referred for further cardiac assessment.
Blood	Absent/Present	
Glucose	Absent/Present	

Examining doctor's opinion regarding the applicant's fitness to ride in races (Please See Overleaf)

FIT/UNFIT

Name of examining doctorSignedDated

Address

Contact Tel No Fax No

PLEASE GIVE A COPY OF THIS FORM TO THE APPLICANT FOR THEIR RECORDS

PLEASE DECLINE TO CARRY OUT THE MEDICAL EXAMINATION IF YOU DO NOT HAVE ACCESS TO THE APPLICANT'S FULL MEDICAL RECORDS UNLESS PREVIOUSLY DISCUSSED WITH THE BHA MEDICAL DEPARTMENT.

OFFICE USE ONLY

Approved	Date	Comments

INSTRUCTIONS TO EXAMINING DOCTOR STANDARDS OF FITNESS TO RIDE IN RACES

As a result of the Regulator's extensive experience in the field of equestrian sport, it has been long-standing practice to apply strict medical standards for participation in race riding. The complete document 'Medical Standards for Fitness to Ride' is available on request from the Medical Dept. (or online at www.britishhorseracing.com) but a brief summary of the major areas of concern follows. If the examining doctor has any queries at the time of the examination s/he may contact the British Horseracing Authority's Chief Medical Adviser for clarification – 020 7152 0138 (office) - 07788 567 440 (mobile).

RIDERS/JOCKEYS 55 YEARS AND OVER

These applicants will need a yearly resting 12 lead ECG and bloods for FBC, renal & liver function, fasting lipid profile and glucose. A Q-Risk 2 score will then need to be calculated <http://qrisk.org/> and if over 20% a cardiology referral should be made to assess their cardiovascular risk. Please attach reported ECG and blood tests to this report.

MEDICATION

The commonest reason for refusal/deferment of a licence is the notification that the applicant has recently taken, or is currently taking, regular medication. If any of the following statements apply, the licence will invariably be declined or deferred -

1. The therapeutic effect of the medication may put a rider at risk when he/she falls (e.g. warfarin)
2. The side effects, actual or potential, of the medication are such that they could interfere with the rider's physical capability, judgement, co-ordination or alertness (e.g. certain antidepressant medication).
3. A voluntary or involuntary adjustment of the dosage, administration or absorption of the medication may interfere with the rider's physical capability, judgement, co-ordination or alertness (e.g. insulin dependent diabetes, epilepsy.)

ASTHMA

Asthma controlled with inhalers is normally not a concern. Applicants requiring oral steroids or who are severely debilitated by their condition will normally be deferred or refused pending consultant review.

EPILEPSY / CONVULSIONS

The British Horseracing Authority Standards are broadly in line with the DVLA criteria for GROUP 1 applicants

DISLOCATED OR SUBLUXED SHOULDER

Applicants must provide a detailed history of all episodes, with relevant dates.

HEARING

Within the range 500 – 2000 c/sec there must be no hearing loss greater than 35 dB in either ear.

MUSCULO-SKELETAL DISORDERS

Fractures and dislocations are common in race riding. Before applying to ride, or return to riding, the applicant must have an appropriate range of pain-free movement, radiological evidence of a sound bony union, clearance from an orthopaedic surgeon and be able to show that his/her ability to ride safely is unaffected. No rider may wear a plaster cast, backslab, fibreglass support, prosthesis, harness or similar appliance without approval. Fractures of the skull, fractures of the spine and 'slipped discs' are of particular concern and these applicants may be required to attend for examination by the British Horseracing Authority's Chief Medical Adviser.

OTHER CONDITIONS THAT MAY WARRANT REFUSAL/DEFERMENT -

Established cardiovascular disease (with or without surgical intervention), endocrine disorders, chronic gastro-intestinal disease, renal failure or transplant, neoplasia, psychiatric disorders, debilitating respiratory disorders, neurological disorders, past history of head injury, intracranial bleed, skull fracture, intracranial A-V malformation or aneurysm, cerebrovascular disease, unexplained loss of consciousness, cranial surgery.

SURGERY

Following any surgical procedure, the applicant must obtain written clearance from the specialist carrying out the procedure. After open abdominal surgery, the applicant would normally be expected to wait 12-16 weeks before applying for a licence.

VISUAL ACUITY

Corrective lenses are acceptable provided that these are 'soft contact lenses'.

Minimum requirements with or without corrective lenses - 'good eye' 6/9 or better, 'worse eye' 6/18 or better. Monocular vision, visual field defects and diplopia require further specialist assessment.

This brief summary cannot deal with every medical condition seen in practice and all queries should be addressed to

The Chief Medical Adviser
The British Horseracing Authority
75 High Holborn
London WC1V 6LS
Tel: 020 7152 0138 Fax 020 7152 0136