



THE ARABIAN RACING ORGANISATION JOCKEY REGISTRATION FORM 2019

This form must be completed by all persons registering as a Jockey with ARO in 2019.
This form must be accompanied by a 2019 ARO General Registration Form and full payment.

TO BE COMPLETED BY JOCKEYS

Please state clearly how you wish your name to be published as a Jockey.
(First name and surname will be used if not stated otherwise).

Name: Mr/Miss/Mrs/Ms (please circle)			
Date of birth (required)		Normal Riding Weight (required)	st lbs

Please give details of any previous Jockey Licences held either in this country or any other Turf Authority:

Licence	Dates From / To	Tick if current	No of Rides	No of Wins
Professional Flat				
Apprentice				
Amateur Cat A				
Amateur Cat B				
Professional Jump				
Conditional				
Point to Point				
Pony Racing				
ARO				
TOTAL				

I am / I am not* the holder of a **Medical Record Book** issued under the BHA Orders and Rules of Racing or the BHA Regulations for Point-to-Pointing, or by ARO. (*select as appropriate)

Date of first expected ride	
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Have you race ridden through Starting Stalls No Yes

Date and Location of most recent race ride through stalls	
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Have you received Starting Stalls training at a racing school, equivalent to a 'Category A' Amateur riders permit course? No Yes

Date and Location of Starting Stalls training	
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I do / do not* intend to carry sponsorship. All sponsorship must be approved by ARO.

Name of sponsor:	
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FIRST TIME JOCKEY APPLICANTS ONLY

All those who have not previously race ridden, or have not race ridden in the past 3 years, may be required to pass a Rider Assessment at the discretion of ARO. **All** applicants who have not previously race ridden are required to provide a written reference from a Recognised Racing Establishment **and/or** a BHA Licensed Trainer for whom they currently ride-out. Please be aware that there are additional qualification requirements for certain races, in particular those starting from stalls. ARO may exercise their right to follow up or require further references. Please indicate your involvement with racehorses:

Ride-out on a regular basis Yes No Arab T/B

If yes, please name trainer and specify how regularly:

Trainer's/ Racing Establishment Declaration:

I confirm that the above details are correct. I also confirm (but without having made enquiries) that I have received no information, nor have I witnessed any incident, which causes me to conclude that the applicant has a lack of riding skill such that he/she would present an unacceptable safety risk if permitted to ride in Arabian races.

(Please note: This application must also be accompanied with a reference from a BHA Licensed Trainer or a recognised Racing Establishment—as stated above.)

Signed.....	Print Name.....	Date.....
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Worked full or part time in racing yard Yes No Arab T/B

Dates from/to

TO BE COMPLETED IN FULL BY ALL JOCKEYS

Name of Next of Kin:	
Address of Next of Kin:	
Emergency Contact Number (Mobile Only)	Relationship to applicant:

All jockeys must complete and sign attached Declaration of Health.

You must have completed the BHA Medical as an amateur in the last five years, this is now MANDATORY. AMATEURS 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 10% a cardiology referral should be made to assess their cardiovascular risk. Please attach ECG & blood tests to the BHA Medical.

**Please send all BHA Medical forms directly to;
The Chief Medical Adviser, The British Horseracing Authority, 75 High Holborn, London, WC1V 6LS**

Jockeys receive a free photographic stable pass with your registration to access the stables. You must enclose a RECENT photo or email one to us for this to be issued.

You are reminded that **ALL** riders who suffer a concussion will be suspended and will not be allowed to return to race riding until they are cleared after completing the Concussion Protocol. Your return to riding timescale is likely to be quicker if you already have a "Cogsport" baseline result. Should you be interested in undergoing the optional baseline testing procedure further details are available from: The Medical Department of the British Horseracing Authority on 0207 152 0138

TO BE COMPLETED BY ALL JOCKEYS

Declaration of Health for 2019 Arabian Racing Season

To be returned to the Arabian Racing Organisation along with the relevant registration form and all relevant medical paperwork.

To be filled in by the Rider—Please print clearly.

Surname		Forename	
Age	DOB	Height	Riding Weight
Name of GP	GP Address		
Date of Last BHA Medical with GP			
Please <u>Tick</u> if you have <u>previously held an Arabian Racing Organisation</u> license to ride			
Please <u>Tick</u> if you have <u>previously held an Amateur Riders Permit</u> with the BHA or any other Turf Authority			
Please <u>Tick</u> if you hold a <u>current Amateur Riders Permit</u> or <u>Point to Point License</u>			
Please <u>Tick</u> if you <u>currently hold a Medical Record Book</u> issued by the British Horseracing Authority, HRA, Jockey Club, Irish Turf Club, or ARO			
Please <u>Tick</u> if you have ever had a licence or permit refused or deferred in Arabian Racing, Point to Point racing or Under Rules on Medical Grounds.			
Date of Refusal/ Date of Deferment			
Are you currently Disqualified or an Excluded Person with the BHA or any other Recognised Turf Authority			

PAST MEDICAL HISTORY – PLEASE COMPLETE IN FULL

Please list **all injuries** and **serious illnesses** (requiring medical attention) **THAT YOU HAVE EVER SUFFERED** (not just sustained whilst racing) and in particular provide details of any fractures, dislocations, operations and hospital admissions. (Continue on an extra page if necessary)

Injury/ Illness/ Fractures/ Dislocation/ Operations	Sustained whilst Racing or at Home?	Date

Have you ever suffered from concussion?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES please list all concussive episodes you have had ARO recommend a BHA post concussion test if you have had a concussion in the last 3 months	Date	
Please list ALL medications you are currently taking or have taken for more than 7 consecutive days in the last 12 months (excluding the contraceptive pill)		
Do you hold a current Drivers License?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever had your license revoked or suspended for medical reasons?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

YOU ARE STRONGLY ADVISED TO HAVE PRIVATE MEDICAL INSURANCE

Do you have Private Medical Insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, which provider?		

YOUR APPLICATION TO RIDE IN ARABIAN RACES CANNOT BE PROCESSED UNLESS ALL RELEVANT MEDICAL DETAILS ARE GIVEN ON THIS FORM. N.B. STATEMENTS LIKE “PLEASE SEE MEDICAL RECORD BOOK” OR “PLEASE REFER TO PREVIOUS APPLICATION” ARE NOT SUFFICIENT.

All riders falling into the following categories will also be required to submit a completed BHA Medical

1. All first time applicants.
2. All applicants that have not completed the BHA Medical in the last 5 years as an amateur.
3. AMATEURS 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 10% a cardiology referral should be made to assess their cardiovascular risk. Please attach ECG & blood tests to the BHA Medical.

Please note: In addition to the above categories, if requested, applicants may be required to submit further medical information at the discretion of the BHA Chief Medical Adviser and in consideration of their medical history.

For all riders who hold a current Amateur Rider’s Permit to ride under Rules, the Medical arrangements under Rules will always take precedence over the medical screening for Arabian Racing. Under these circumstances, riders will have a medical carried out as required for Amateur Riders by the Licensing Committee of The BHA and do not need to have additional examinations to satisfy the Arabian Racing Organisation. Should you have any queries, please contact The Arabian Racing Organisation on 01635 524 445

MEDICAL CONSENT

In this form we have asked you to supply personal information such as your contact and health details. We may also collect further information from you during the course of the season, for example if you are injured in a fall. We may keep a record of any injuries and medical conditions from which you suffer. We may also seek medical information from the British Horseracing Authority, further to your consent in your application with ARO.

The information we collect about you (and that which we have collected about you in previous years) may be used in the following ways:

- to assess your fitness to ride in Arabian Racing;
- to assess your compliance with the BHA Regulations for Arabian Racing from time to time in force;
- to manage your Jockey License for Arabian Racing and any licence(s) for racing under other BHA rules and/ or your medical record book(s);
- to help to ensure your safety and the safety of others in any activities in which you take part. For example, if you suffer a fall during an Arabian Race, we may use information about your health and medical conditions to ensure that you receive the appropriate care;
- to collate injury and health information to help us to manage medical arrangements and safety at Arabian Racing generally and arrange training for Racecourse doctors, paramedics, clerks of the course and secretaries;

We may also share information with third parties as follows:

- with doctors, paramedics and nurses, to include Racecourse Doctors and paramedics, the BHA's Chief Medical Adviser and racecourse Medical Officers, but only where this is necessary for the purposes described above;
- with the BHA and other recognized racing authorities such as the Turf Club for the purposes described above, but only where this is necessary;
- where we have a legal obligation to do so.

RIDING DECLARATION — TO BE COMPLETED BY ALL JOCKEYS

I acknowledge that when riding under the British Horseracing Authority Regulations for Arabian Racing, there is a very high risk of injury to me in comparison to other sporting activities and that such a risk can come from other riders and horses. By signing the declaration below, I hereby consent for the Arabian Racing Organisation and the British Horseracing Authority (“BHA”) to release medical information held by it related to my application for a Jockey License for Arabian Racing, and that the Records shall only be shared where necessary. Once shared, I understand that the ARO shall be principally responsible for ensuring protection of the Records in accordance with the Data Protection Act 1998 and the medical consent provisions in this form. I understand that if I ever wish to revoke my consent for ARO and the BHA to share the Records, I must notify the ARO in writing of that fact. I undertake to notify the ARO within 7 days of any change to my home address, mobile or home phone number.

I confirm that I am in good mental and physical health and I know of no condition that would currently preclude me from riding in Arabian Racing. I declare that the information provided on this form is complete and true, to the best of my knowledge. I believe myself to be a fit and competent rider capable of riding in ARO races. I acknowledge that it is my responsibility to update ARO of any changes to my medical status or of any occurrence that would affect my ability to ride in races.

ALL APPLICANTS MUST COMPLETE A BHA MEDICAL

All applicants must also read and sign the declaration on the General Registration Form

Signed:

Date:

IF THE APPLICANT IS UNDER 18 YEARS OLD, THIS APPLICATION MUST BE ACCOMPANIED BY A LETTER FROM A PARENT OR GUARDIAN GRANTING PERMISSION FOR THE APPLICANT TO RIDE IN ARO RACES AND TREATMENT TO BE GIVEN BY APPROPRIATELY TRAINED MEDICAL & EMERGENCY STAFF.