

Newmarket

RACECOURSES

THE NEWMARKET TOWN PLATE
SATURDAY 24TH AUGUST 2024
 THE ROUND COURSE, NEWMARKET

ENTRY FORM

RIDER DETAILS	
RIDER'S NAME: (Mr. Mrs. Miss. Please denote)	
DATE OF BIRTH:	
ACTUAL WEIGHT:	
ADDRESS:	
TELEPHONE:	
EMAIL:	
OCCUPATION OF RIDER:	
QUALIFICATION OF RIDER: (A, B, C or D – see race conditions)	
NEXT OF KIN: (Include name, contact telephone number & address)	
RIDERS ASSESSMENT & FITNESS TEST:	<p>British Racing School, Newmarket – Friday 12th July 2024 <input type="checkbox"/></p> <p>Northern Racing College, Doncaster – Friday 26th July 2024 (please note there are limited spaces for ridden assessments) <input type="checkbox"/></p>

MEDICAL

- All applicants must complete and pass a BHA Medical (Appendix ii) which must be submitted directly to the BHA **not** the organisers.
- A BHA Medical is valid for 5 years*.
- Organisers reserve the right to use their discretion and the BHA may request a medical more often in individual cases.

*Applicants who are aged 50 or over will be required to renew their BHA Medical every 2 years.

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:	

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.

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

Declarations to be made by NOON Monday 19th August 2024

Disclaimer:

We understand and agree to the race conditions and details for The Newmarket Town Plate, as set out within the document Ref. AM022024. 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 2nd July 2024 but do not need to be submitted with the initial application.

Rider Declaration:

I hereby declare that the information I have given in this document (Ref. AM012024) 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 must be submitted by Friday 31st May 2024

Please submit to:

Anna Metekohy
Newmarket Racecourses
Rowley Mile Racecourse
Commercial Office
Newmarket
Suffolk
CB8 0TF

E: newmarket.townplate@thejockeyclub.co.uk



APPENDIX i

THE NEWMARKET TOWN PLATE
SATURDAY 24TH AUGUST 2024
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.

Newmarket

RACECOURSES

APPENDIX ii

Given the nature of your participation, not all elements of this form need to be completed. The type of license 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 associated 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 2nd August 2024 (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