

**DISTRICT 3
CENTRAL NEW YORK MOTOCROSS RIDERS ASSOCIATION
207 Main St., Whitesboro, NY 13492**

APPLICATION FOR 2008 MEMBERSHIP

Fee Paid (Circle one):

- \$25.00 - New Members/Renewal by Mail
- \$30.00 - Renewals at Track
- \$10.00 - Associate(non-riding)Member (no newsletter)

My 2007 CNYMRA Riding Number
was: _____

I wish to change my number to:
(3 choices) _____

Name: _____

Birthdate: _____

Address: _____

Phone No. _____

City: _____ State: _____ Zip: _____ A.M.A. No. _____

E-Mail Address: If you don't know it, leave blank _____

Make/Model of Bike: _____ EngineSize: _____ 2-Stroke: _____ 4-Stroke: _____

**** If renewing a Novice card, please enclose last yrs card.**

CATEGORY (Circle all that apply)

- | | | | |
|------------|-------------|----------|--------|
| 50cc | Youth 12-15 | **Novice | Expert |
| Youth 7-11 | Quad | Amateur | Women |

I hereby release and agree to hold harmless the American Motorcycle Association, the Central NY Motocross Riders Association, the promoters, the owners and lessees of the premises, the participants, and the officers, directors, officials, representatives, agents and employees of all of them, of and from all liability, loss, etc.

Rider's Signature: _____ Date: _____

IMPORTANT

If you are under 18 yrs of age, please have the following completed and notarized. If you are a NEW member under age 16, you must include proof of age.

As parent or legal guardian of Riders Name Here, whose birthdate is Riders DOB, I hereby give my permission for him/her to participate in Central NY Motocross Riders Assoc. racing activities during the 2008 season, and to assume all responsibility for any injuries or damages which may be sustained by him/her as a result of his participation in the aforementioned events.

Mother Sign Here: _____

Father Sign Here: _____

Signatures of Parents or Guardians Date

- Proof of Age Provided:
- Birth Certificate _____
- School Records _____
- DriversLicense _____
- Other _____
- Renewal---B/C on File _____

Subscribed and sworn to this _____ day of _____, 20__

Notary Public

My commission expires _____