

**AMA D 3  
CENTRAL NEW YORK MOTOCROSS RIDERS ASSOCIATION**

207 Main St., Whitesboro, NY 13492

**APPLICATION FOR 2025 MEMBERSHIP**

***PRINT CLEARLY PLEASE***

Fee Paid (Circle one):

\$30.00 - by March 10

\$40.00 - after March 10 and at the track.

\$80.00 - Family Membership (3 or more in the family)

My 2024 CNYMRA Riding Number

was: \_\_\_\_\_

I wish to change my number to:

(3 choices) \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ AMA No. \_\_\_\_\_ Exp date \_\_\_\_\_

Choose one: Do you wish to receive correspondence by E-mail or US-mail?      E-mail      US-mail

E-Mail Address: \_\_\_\_\_

Make/Model of Bike: \_\_\_\_\_ Engine Size: \_\_\_\_\_ 2-Stroke: \_\_\_\_\_ 4-Stroke: \_\_\_\_\_

**RIDER ABILITY LEVEL (Circle one)**

Youth      Novice      Amateur      Expert

Shirt / Jacket Size \_\_\_\_\_

**CATEGORY (Circle all that apply)**

50cc

Youth 7-11

Youth 12-15

125

Women

250/Open

Plus 45

Plus 50

Other \_\_\_\_\_

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 for loss of life or limb and for all liability from loss or damages to personal, public and leased/rented property, 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 \_\_\_\_\_, whose birthdate is \_\_\_\_\_,

I hereby give my permission for him/her to participate in Central NY Motocross Riders Assoc. racing activities during the 2025 season, and to assume all responsibility for any injuries or damages which may be sustained or caused 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

Subscribed and sworn to this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Birth Certificate \_\_\_\_\_

School Records \_\_\_\_\_

Drivers License \_\_\_\_\_

Other \_\_\_\_\_

Renewal---B/C on File \_\_\_\_\_

My commission expires \_\_\_\_\_

Notary Public