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

APPLICATION FOR 2024 MEMBERSHIP

Fee Paid (Circle one): ***PRINT CLEARLY PLEASE*** My 2023 CNYMRA Riding Number was:_____

$30.00 - Preregistration
$35.00 - At The Track
$65.00 - Family Membership (3 or more in the family)

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

Name: _____ Birthdate: _____

Address:_____ Phone No. _____

City: _____State: _____Zip: _____ A.M.A. No. _____

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
Quad	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, 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 2024 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 _____
Drivers License _____
Other _____
Renewal---B/C on File _____

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

_____ Notary Public

My commission expires _____