

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

**APPLICATION FOR 2017 MEMBERSHIP**

Fee Paid (Circle one):

\$25.00 - By March 1<sup>st</sup>

\$30.00 - March 1.....

\$65.00 - Family Membership  
(submit 3 forms and \$65)

PRINT CLEARLY PLEASE

Enclose check payable to:

**CNYMRA**

My 2016 CNYMRA Riding no. 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:** \_\_\_\_\_

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

**RIDER ABILITY LEVEL (Circle one)**

Novice                  Amateur                  Expert

**CATEGORY (Circle all that apply)**

50cc                  Youth 7-11                  Youth 12-15                  125cc                  250/Open                  Quad  
Women                  Plus 30                  Plus 40                  Plus 50

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 2016 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 Parent(s) or Guardian(s)                  Date*

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

Proof of Age Provided:

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

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

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

Other \_\_\_\_\_

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

Notary Public \_\_\_\_\_

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