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

APPLICATION FOR 2012 MEMBERSHIP

Fee Paid (Circle one): [PRINT CLEARLY PLEASE] My 2011 CNYMRA Riding Number was: _____

$25.00 - Before March 1st
$30.00 – After March 1st
$35.00 - At The Track

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: _____ EngineSize: _____ 2-Stroke:_____ 4-Stroke:_____

RIDER ABILITY LEVEL (Circle one)

**Beginner Novice Amateur Expert

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

CATEGORY (Circle all that apply)

50cc	Youth 12-15	125	Women
Youth 7-11	Quad	250/Open	+45 and/or +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 2012 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 _____