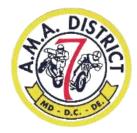
MAMA 2017 APPLICATION



Please mail the application and fees to:

Middle Atlantic Motocross Association PO Box 143 Chesapeake City, MD 21915 For Questions, please call 443-669-3007

membership@mamamx.com



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MAMA Member #	
Date Recieved	
Rider # Issued	
Check No	
Cash Y N	
Card Issued? Y N	
Referred by	

Racer Membership: \$40 Non Racer Membership: \$10		
2016 Riding Number 2017 Number Choice Check appropriate box: Adult Racer \$40 -those who are racing in 2017 Renewal - Year Joined Renewal - Year Joined membership required		
AMA # _ _ _ _ EXPIRATION DATE _ _ / _ _ # OF YEARS AMA MEMBER _ _		
NAME:		
LAST FIR:	ST MI	
DATE OF BIRTH _ _ - _ - _ - _ AGE _ _ SEX M F		
ADDRESS		
CITY	_ _ STATE ZIP	
PHONE -		
EMAIL ADDRESS		
RELEASE, INDEMNITY AND ASSUMPTION OF RISK AGREEMENT Applicant acknowledges the substantial risk of injury to person and property arising from participation in motorcycling events and further acknowledges that such injury and damage can be caused by the negligent acts and omissions of persons and organizations connected with the conduct of such events. Applicant hereby assumes all risk of loss, damage or injury (including death) to applicant's person or property from any cause whatsoever, whether or not such cause is attributable to the negligence of others. Applicant hereby releases, discharges, and agrees to hold harmless and indemnify the American Motorcyclist Association, and the Middle Atlantic Motocross Association, sponsoring clubs and organizations, promoters, officials, fellow participants, land owners, and those acting in their support or on their behalf from any and all liability arising by a negligent act or omission or otherwise resulting in personal injury or property damage to applicant, applicant's property or applicant's family, while participating in motorcycling events or while upon, entering or departing from the premises upon which such motorcycling events are conducted. You MUST initial here to indicate that you have completely read this application and the MAMA/AMA RULES		
Upon completion of this application, payment of above fee for <u>The Membership Card</u> , and signing the waiver release, you will be eligible to race MAMA sanctioned events. With this card, you will be eligible to earn MAMA series points. I / We hereby make an oath and say that to the best of our knowledge and belief, all statements set forth in this application are true and correct.		
Date:		
Signature of Rider* □ Check here if you have sole custody of your child		
Signature of Mother /Guardian Signature of Father /Guardian		
Printed Name of Mother /Guardian Printed Name of Father /Guardian	AMERICAN MOTORCYCLISTASSOCIATION	

Yearly Membership Fee Must Accompany This Application DO NOT SEND CASH IN THE MAIL