



DISTRICT 6 SPORTS ASSOCIATION INC

Hare Scramble 2017



Application for Competition Card and Number
\$20.00 Fee must accompany this Application
Please read and complete entire application.
Please print legibly

Date: _____

First Name: _____ Middle Initial: _____ Last: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____ Date of Birth: _____ Age: _____

AMA #: _____ Expires: _____ Do you currently hold a Pro or Pro-Am license (Circle One): **YES** **NO**

Emergency Contact: Name _____ Phone Number: _____

Classes:

Adult Bikes

Quads

- | | | |
|---|---|---|
| <input type="checkbox"/> AA | <input type="checkbox"/> B Light (86-200) | <input type="checkbox"/> C Light (86-200) |
| <input type="checkbox"/> A Light (86-200) | <input type="checkbox"/> B Medium (201-250) | <input type="checkbox"/> C Medium (201-250) |
| <input type="checkbox"/> A Medium (201-250) | <input type="checkbox"/> B Open (251+) | <input type="checkbox"/> C Open (251+) |
| <input type="checkbox"/> A Open (251+) | <input type="checkbox"/> B Vet 30+ | <input type="checkbox"/> C Vet 30+ |
| <input type="checkbox"/> A Vet 30+ | <input type="checkbox"/> B Senior 40+ | <input type="checkbox"/> C Senior 40+ |
| <input type="checkbox"/> A Senior 40+ | <input type="checkbox"/> B Super Sr 50+ | <input type="checkbox"/> C Super Sr 50+ |
| <input type="checkbox"/> A Super Sr 50+ | | <input type="checkbox"/> Sportsman |
| <input type="checkbox"/> Master 60+ | | <input type="checkbox"/> Women C |
| <input type="checkbox"/> Grand Master 70+ | | <input type="checkbox"/> Schoolboy 1 12-16 yrs
86-125cc 2 stroke,
75-150cc 4 stroke |
| <input type="checkbox"/> Legends 80+ | | <input type="checkbox"/> Schoolboy 2 14-16 yrs
122-250cc |
| <input type="checkbox"/> Women A/B | | |

Adults

Youth

- | | |
|---|--|
| <input type="checkbox"/> A Open | <input type="checkbox"/> 50 Stock (4-8) |
| <input type="checkbox"/> A Vet (30+) | <input type="checkbox"/> 51-70cc (6-11) |
| <input type="checkbox"/> A Senior (40+) | <input type="checkbox"/> 71-90cc 2 stroke/
125 4 stroke |
| <input type="checkbox"/> A 50+ | |
| <input type="checkbox"/> B Open (16+) | |
| <input type="checkbox"/> B Open (30+) | |
| <input type="checkbox"/> C Open (16+) | |
| <input type="checkbox"/> C Open (30+) | |
| <input type="checkbox"/> 91-200/300 | |
| <input type="checkbox"/> Utility | |

Youth Bikes

Pee Wee

Juniors

Youth

- | | | |
|---|---|--|
| <input type="checkbox"/> 4-6 50cc OI/AIR
(JR, PW, XR, CRF, TTR, KTM-AIR) | <input type="checkbox"/> 7-9 65cc | <input type="checkbox"/> 7-11 85cc |
| <input type="checkbox"/> 4-6 50cc Jr (KTM/COBRA JR's) | <input type="checkbox"/> 10-11 65cc | <input type="checkbox"/> 12-15 85cc |
| <input type="checkbox"/> 7-8 50cc OI/AIR
(JR, PW, XR, CRF, TTR, KTM-AIR) | <input type="checkbox"/> 7-10 Trail 0-110cc
4 stroke | <input type="checkbox"/> 12-13 Supermini 79-112cc/150R |
| <input type="checkbox"/> 7-8 50cc Sr (KTM/COBRA JR's) | <input type="checkbox"/> Girls 9-11 Jr 59-85cc | <input type="checkbox"/> 14-16 Supermini 79-112cc/150R |
| | | <input type="checkbox"/> Girls Sr 12-16 |

2017 District 6 Hare Scramble Application Receipt

Please retain this portion of the application as your receipt until number is received
Make \$20.00 checks payable to District 6 Sports Association, Inc.
Must Sign release on back

www.d6mx.org

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Signature: _____

Number Choices:

- Numbers are in effect January 1st thru December 31 of each year.
- In order to retain current D6 number, this form must be submitted prior to January 31st of the present year.
- Only District 6 card holders are eligible for awards in the District 6 points contests.
- All riders must show their AMA cards at sign in
- All competitors are responsible for their District 6 Cards. No card is transferable
- Numbers cannot contain letters

Last Year D6 Number: _____ **1st Number Choice** _____ **2nd Number Choice** _____

Bike Make: _____

Sponsors (Please print legibly): _____

**Number Issued
Leave this Box Blank
Official Use Only**

WAIVER: THIS IS A RELEASE AND INDEMNITY AGREEMENT

In consideration of being granted an amateur competition number and in consideration of being permitted to enter competition events sanctioned by the American Motorcyclists Association and coordination by District 6 Sports Association, Inc.

I hereby give up all my rights to sue to make any claim whatsoever against the American Motorcyclist Association and it's organizations, the American All Terrain Vehicle Association, the promoters, sponsors and all persons or organizations conduction or connected with this event for any injury to property or person I may suffer, including crippling injury and death, whether such injury arises while I am preparing for or participating in the event or while I am upon the event premises.

I know the risks and dangers to myself and my property while participating in the event and while upon the event premises and, relying upon my own judgment and ability, assume all such risks of loss and hereby agree to reimburse all costs to those persons or organizations connected with this event for damages incurred as a result of any injury that I cause or receive.

I hereby certify that I assume all responsibilities for all charges, premiums and taxes. If any, payable on any funds I may receive as results of my competitive activities, including without limitation social security taxes, unemployment insurance taxes, compensation insurance, income taxes and withholding taxes.

I understand that a District 6 car for Amateur Events is subject to American Motorcyclist Association Rules of Competition and that of the District 6 Sports Association, Inc.

It is understood and agreed that in the event I am from whatsoever cause during an event authorized and operation under AMA D-6 rules, I herewith consent to and authorize first aid and ambulance service as provided by the sponsoring club or property owners, and further to hold all parties harmless from any consequences of said aid.

I have read this application and hereby make oath and say that to the best of my knowledge and belief all statements set forth in this report are true and correct

Rider's Name (Print) _____

Rider's Signature _____

Date _____

Notice, if under 18 years of age, which applies to the laws of the states of Pennsylvania and New Jersey, this application must bear the **Signature of Parent or Guardian** which shall acknowledge a waiver and release of any and all claims such parent or guardian may have.

Parent or Guardian Signature _____

Date _____

Important Checklist before mailing your Hare Scramble Application

Competitors – Check for your proper classification.
Is your number completed? Is your bike Brand listed?

Live scoring is available at d6mx.org, click on Hare Scramble,
Click on Live Scoring

\$20.00 fee must accompany this application
Make checks payable to: **District 6 Sports Association**

Mail Application to:
Hare Scramble Numbers
Jane Race
2608 Freemansburg Ave
Easton, PA 18045

484-767-3203