## 2018 District 7 Dirt Track (MINOR)

Please mail the application and fee to:

AMA District 7

P.O. Box 205

White Hall, MD 21161

For Questions, please call: 443-613-3131

	Membership: \$30	
Check Appropriate Class Pro B A Youth	:	
AMA #	EXPIRATION DATE /	# OF YEARS AMA
NAME		
PARENT 1	LAST	
PARENT 2	LAST	
DATE OF BIRTH	AGE	SEX M F
ADDRESS		APT
CITY	ZIPSTATEZIP	
CELL PHONE	_	
EMAIL ADDRESS		
RELEASE, INDEMNITY AND ASSUMPTION OF RISK AGREEN motorcycling events and further acknowledges that such i with the conduct of such events. Applicant hereby assumes whether or not such cause is attributable to the negligence	injury and damage can be caused by the negligent acts a s all risk of loss, damage or injury (including death) to app	and omissions of persons and organizations connected
Applicant hereby releases, discharges, and agrees to hold organizations, promoters, officials, fellow participants, land omission or otherwise resulting in personal injury or prope while upon, entering or departing from the premises upon	l owners, and those acting in their support or on their beh erty damage to applicant, applicant's property or applican	alf from any and all liability arising by a negligent act or
You MUST initial here to indicate that you have completely read this application and the DISTRICT 7/AMA RULES		
Upon completion of this application, payment of above for events. With this card, you will be eligible to earn D7 serie forth in this application are true and correct.	ee for The Membership Card, and signing the waiver rel	ease, you will be eligible to race District 7 sanctioned
	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/Guradian	
YEARLY MEMBERSHIP FEE MUST	ACCOMPANY THIS APPLICATION	

