



DISTRICT SIX SPORTS ASSOCIATION, INC

CROSS COUNTRY 2023

Application for Competition Card and Number

\$30.00 Fee - Must accompany this Application **PRINT LEGIBLY**

Name: First _____ Middle: _____ Last: _____

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

Phone: _____ Email: _____ age: _____ D.O.B.: _____

AMA# _____ Expires: _____ Do you currently hold a pro-am license? _____

Emergency contact name: _____ Phone # _____

Number Requested: _____ 1st Choice: 2nd Choice: NO LETTERS
MUST CHOOSE 2 NUMBERS
OR WE WILL ASSIGN YOU ONE

<u>ADULT BIKE CLASSES: CIRCLE ONE</u>			<u>ADULT QUAD CLASSES: CIRCLE ONE</u>	
AA	WOMEN A	C (86-200)	QUAD OPEN A	QUAD WOMENS
A (86-200)	WOMEN B	C (201-250)	QUAD VET+ A	
A (201-250)	WOMEN C	C (251+)	QUAD SPORTSMAN	
A OPEN (251+)	B LIGHT (86-200)	C VET 30+	QUAD 50+	
A VET 30+	B MEDIUM (201-250)	C SENIOR 40+	QUAD OPEN B (16+)	
A SENIOR 40+	B OPEN (251+)	C SUPER SR 50+	QUAD OPEN B (30+)	
A SUPER SR 50+	B VET 30+	SPORTSMAN	QUAD OPEN C (16+)	
MASTER 60+	B SENIOR 40+	SCHOOLBOY 1	QUAD OPEN C (30+)	
G-MASTER 70+	B SUPER SR 50+	SCHOOLBOY 2	QUAD 91-200/300/400	
LEGENDS 80+	DIVA (86-200)	DIVA (201-250)	QUAD 4X4	

<u>YOUTH BIKE CLASSES: CIRCLE ONE</u>		
14-15 SUPERMINI	10-11 65cc	7-8 50cc SR/LC
12-13 SUPERMINI	7-9 65cc	4-6 50cc JR/LC
12-15 85cc	7-11 JUNIOR GIRLS	7-8 50cc AIR COOLED
7-11 85cc	7-10 TRAIL	4-6 50cc AIR COOLED
10-15 4 STROKE		4-8 OPEN GIRLS
12-15 GIRLS		

<u>YOUTH QUAD CLASSES: CIRCLE ONE</u>	
QUAD SUPERMINI (12-15)	QUAD 51-70/90 OPEN (7-11)
QUAD 90/125 OPEN (10-15)	QUAD 90cc 4 STROKE STOCK ONLY (4-8)
QUAD 90/125 LIMITED(NO MOTOR WORK) (9-11)	QUAD 50 OPEN (4-8)
QUAD YOUTH TRAIL (10-15) UP TO 300cc	QUAD 50-90 BEGINNER STOCK (4-8)

District Six Cross Country Application Receipt
 This receipt is to be retained for your records and must be shown at Sign Up until member number is received & processed
 Make \$30.00 check payable to: District 6 Sports Association, INC
MUST SIGN RELEASE ON BACK PAGE
 Name: _____ date: _____ Rep name: _____

NUMBER CHOICES:

1. Numbers are in effect from January 1st through December 31st of each year
2. In order to retain the current D6 number, this form **MUST** be submitted prior to January 31st of present year
3. Only District 6 card holders are eligible for awards in District 6 points contests.
4. All Riders Must show their AMA card at sign in.
5. All competitors are responsible for their D6 cards, cards are non-transferable.
6. Numbers cannot contain letters.

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 Motorcyclist Association and coordinated by the District 6 Sports Association, INC. I hereby give up all my rights to sue or make any claim whatsoever against the American Motorcyclist Association, the promoters, land owners, District 6 sports Association, INC, sponsors and all other persons or organizations conducting 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 responsibility for all charges, premiums, and taxes, unemployment insurances taxes, compensation insurance, income taxes and withholding taxes.

I understand that a District 6 card 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 the event authorized and operated 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

Riders Name Print: _____ Riders 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 MUST HAVE.

Parent or Guardian Print: _____ Parent or Guardian Signature: _____ Date: _____

Adult competitors - check for your proper classification for advancement list, go to www.amadistrict6.com, note all applications must send the completed waiver above.

**Mail Application to:
Shannon Harbison - 703-402-2535
8 Carbon St. Minersville, PA 17954**