

FOR OFFICE USE ONLY: # ISSUED: _____

DISTRICT 6 SPORTS ASSOCIATION, INC.

www.amadistrict6.com

D6 ULTIMATE QUAD SERIES

APPLICATION FOR MOTOCROSS COMPETITION CARD AND NUMBER

Submit application along with **\$30.00** made payable to **District 6 Sports Association, Inc.**

Mail to **Jamie Brungart, 1715 East Cumberland Street, Lebanon, PA 17042**

Phone: (973) 970-4422 Email: D6UltimateQS@gmail.com

Rider's Full Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone No.: _____ Email: _____

AMA#: _____ Expires: _____

Date of Birth: _____ Emergency Contact Number: _____

My Race Number is: _____ If unavailable I request (3 choices): _____ / _____ / _____

Licensed Pro Card No., if applicable:	
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QUADS - Select Motocross Classification - QUADS

Quad A: _____ Quad B: _____ Quad C: _____ Quad Vet: _____ Quad Women: _____

Quad Youth: _____ 3Wheeler Expert: _____ 3Wheeler Amateur: _____ Pit Quad: _____ Pit Bike: _____

- Rider's Age as of January 1st will determine their age for the remainder of the year.
- All Applicants must complete the waiver on the reverse side.
- D6 Numbers are in effect January 1st thru December 31st of each year.
- To retain your D6 number this form must be submitted prior to December 31st of the present year
- Only D6 cardholders are eligible for awards in the D6 points.
- All riders MUST show their AMA and D6 cards at sign in. All competitors are responsible for their D6 cards. No card is transferable.

This receipt is to be retained for your records and must be shown at sign-in until your card is received.

Applicant Name: _____ Date: _____

Type of Event: _____ Track Name: _____

Application received by: _____

Signature of Authorized D6 Representative

Facebook: @d6uqs

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, 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, if any, payable on any funds I may receive as a result 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 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 injured from whatsoever cause during the event authorized and operated under AMA D6 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 an oath and say that to the best of my knowledge and belief all statements set forth in this report are true and correct.

Print Rider's Name: _____

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.

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

