



# DISTRICT SIX SPORTS ASSOCIATION, INC

## Application for Competition Card and Number

\$30. Fee must accompany this application • Make checks payable to District 6 Sports Association



This Number Application is for: **MOTOCROSS**

**Read • Fill out completely • Print legibly**

Name: First (Full Legal Name) \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_ @ \_\_\_\_\_

AMA#: \_\_\_\_\_ Expires: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_

My Last Yr's D6 Number was \_\_\_\_\_ - Requested # (if available): \_\_\_\_\_

**# Issued  
(leave blank)**

Do you currently hold a Pro or Pro-Am license? (Yes or No) \_\_\_\_\_

**Motocross – Adult Competitors** riders must check **proper** classification – for advancement list check website.

Note: All applicants must also send the completed waiver.

Rider's age as of January 1 determines their age for the remainder of the year.

| A (highest classification) _____ | B (class preceding A) _____ | C (class preceding B) _____ |
|----------------------------------|-----------------------------|-----------------------------|
| 25 + A _____                     | 25 + B _____                | 25 C _____                  |
| 30 + A _____                     | 30 + B _____                | 30+ C _____                 |
| 40+ A _____                      | 40 + B _____                | 40+C _____                  |
| 45/50 _____                      | Women _____                 |                             |

**Motocross - Youth Competitors** – Check your classification

Note: All applicants under the age of 18, must also send the completed, signed waiver.

|                      |                          |                   |
|----------------------|--------------------------|-------------------|
| 85CC 9–11 yrs. _____ | 85cc 12–15 yrs. _____    | Girls 11-16 _____ |
| 65cc 7–9 yrs. _____  | 65cc 10–11 yrs. _____    | Other _____       |
| 50cc 4–6 yrs. _____  | 50cc Open 7-8 yrs. _____ |                   |

Numbers are in effect January 1<sup>st</sup> thru December 31<sup>st</sup> of each year. In order to retain current D6 number, this form must be submitted prior to December 31<sup>st</sup> 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.

|  |  |
|--|--|
| <b>MOTOCROSS Points</b><br>Jamie Thomas<br>454-516-7003<br>jamiedlynch@gmail.com | <b>MOTOCROSS Numbers</b><br>Jamie Brungart • 717-274-1811<br>1715 East Cumberland Street, Lebanon, PA 17042<br>jamie@colemanpa.com |
|--|--|

**amadistrict6.com**

**A \$30.00 Fee Must Accompany This Application & Reverse side MUST be signed.**

**Make \$30.00 check payable to District 6 Sports Association, Inc.**

**THIS RECEIPT TO BE RETAINED FOR YOUR RECORDS AND MUST BE SHOWN AT SIGN-IN UNTILL NUMBER IS RECEIVED**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Type of Event \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Club Track Name \_\_\_\_\_

**NOT VALID UNLESS SIGNED** \_\_\_\_\_

Received by \_\_\_\_\_

Revised 12/22

**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 District 6 Sports Association, Inc.

I hereby give up all my rights to sue or make any claim whatsoever against the American Motorcyclist Association and it's organizations, the American All Terrain Vehicle 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 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 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 an 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.

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 \_\_\_\_\_

Numbers are in effect January 1<sup>st</sup> thru December 31<sup>st</sup> each year. Only D6 card holders are eligible for D6 awards in District 6 points contests. All riders must show their AMA and District 6 cards at sign-in. All competitors are responsible for their D6 Cards. No card is transferable.

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

717-274-1811