



District Six Sports Association, Inc.

Application for Competition Card and Number



\$15. Fee must accompany this application Make Checks Payable to District 6 Sports Association

This Number Application is for: **Observed Trials Number**

Read - Fill out completely - Print legibly

Name: (Full Legal Name) First: _____ Middle: _____ Last: _____

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

Phone: () _____ - _____ Email _____ @ _____ Age: _____ Date of Birth: _____

AMA#: _____ Expires: _____

Last Years D6 Number: _____ - Requested # (if available): _____

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

Issued
(leave blank)

Observed Trials – Competitors riders must check proper classification – for advancement list check website.

Note: All applicants must also send the completed waiver.

Champ _____	Expert _____	Advanced _____
Sr. Expert _____	Sr. A _____	Sr. "35" _____
Sr. "45" _____	Super Sr. _____	Intermediate _____
Female _____	Beginner _____	Novice _____

REVERSE SIDE MUST BE COMPLETED OR APPLICATION IS VOID
NUMBERS ARE IN EFFECT – JANUARY 1 – DECEMBER 31 OF EACH YEAR.

In order to retain current District 6 number this form must be submitted prior to December 31st of the present year.

Only District 6 card holders are eligible for High Points Awards in the District 6 Points Contests.

ALL Riders must show their AMA and District 6 cards at sign in. All competitors are positively responsible for their District 6 cards. No card is transferable.

A \$15.00 Fee Must Accompany This Application
MAKE CHECKS 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 _____ Sate _____ Zip _____

Club / Track Name _____

NOT VALID UNLESS SIGNED _____

Received by _____

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.

<p>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.</p> <p>Rider's Name (print) _____</p> <p>Rider's Signature _____</p> <p>Date _____</p>	<p>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 NOTARIZED SIGNATURE OF PARENT OR GUARDIAN which shall acknowledge a waiver and release of any and all claims such parent or guardian may have.</p> <p>Parent or Guardian signature _____</p> <p>Subscribed and Sworn before me this ____ day of _____</p> <p>My Commission expires _____</p> <p>_____ Notary Public</p>
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Numbers are in effect January 1st thru December 31st of each year.
In order to retain current D6number, this form must be submitted prior to Dec 31st of the present year.
Only District ^ 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.

Important check before mailing your Observed Trials application.

Competitors – Check for your proper classification. For advancement list, go to amadistrict6.com Note: All applicants must send the completed waiver.

\$15 fee must accompany this application.

Make checks payable to: **District 6 Sports Association**

Mail to:

**Observed Trials Points & Numbers
TERRY ANSELMO**

PO BOX 5

NEW BERLIN, PA. 17855

tjanselmo@hotmail.com

www.d6trials.com