



District Six Sports Association, Inc.

Application for Competition Card and Number

This number application is for Mototrials

Read fully- Fill out completely - Print legibly



Name (full legal) First: _____ Middle: _____ Last: _____

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

Phone () _____ - _____ Email: _____ @ _____

Age: _____ Date of Birth: _____

AMA #: _____ Expires: _____

Issued
(leave blank)

| | | |
|---|------------------------|---------------------|
| Mototrials: Competitors must check proper classification- for advancement check website: www.d6trials.com | | |
| PRO _____ | EXPERT _____ | ADVANCED _____ |
| SR. ADVANCED _____ | SR. INTERMEDIATE _____ | SENIOR NOVICE _____ |
| SUPER SENIOR (55) _____ | INTERMEDIATE _____ | NOVICE _____ |
| WOMEN _____ | ROOKIE _____ | |

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 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 \$20.00 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 UNTIL NUMBER IS RECEIVED

Name _____ Date _____

Address _____ Type of Event _____

City _____ State _____ Zip _____

Club/Track Name _____ Not valid unless signed _____

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 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 or death, whether such injury arises while I am preparing for 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 6 Sports Association, Inc.

It is understood and agreed that in the event I am injured from whatever cause during an event authorized and operated under AMA D-6 rules, I herewith consent to and authorize first aid and ambulance services 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 NOTARIZED 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_____

Subscribed and Sworn before me this _____ day of _____.

My Commission expires_____.

Notary Public

Numbers are in effect January 1st thru December 31st of each year.

In order to retain current D6 number, this form must be submitted prior to Dec 31^M of the present year. Only card holders are eligible for awards in the District 6 points contests. 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 MotoTrials application.

Competitors — Check for your proper classification. For advancement list, go to www.d6trials.com Note: All applicants must send the completed waiver.

\$20 fee must accompany this application.

Make checks payable to: District 6 Sports Association

Mail to:

MotoTrials Points & Numbers

TRAVIS FOX

155 Wallis Run Road

Montoursville, PA 17754

ggrider@live.com

www.d6trials.com