



# 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: <a href="http://www.d6trials.com">www.d6trials.com</a>		
PRO _____	EXPERT _____	ADVANCED _____
SR. ADVANCED _____	SR. INTERMEDIATE _____	SENIOR NOVICE _____
SUPER SENIOR (60) _____	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 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 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 1" thru December 31st of each year.

In order to retain current D6 number, this form must be submitted prior to Dec 31<sup>M</sup> 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](http://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](mailto:ggrider@live.com)

[www.d6trials.com](http://www.d6trials.com)