The Membership Card

MAMA APPLICATION FORM

MIDDLE ATLANTIC MOTOCROSS ASSOCIATION

All applicants under 18 years old must have this application notarized

Office Use Only	
MAMA List________________	
Date Rec'd ______________	
Rider Number Issued ________	
Check No.__________________	
Cash Y N	
Card Issued? Y N	

For Questions, please call : 443-669-3007

Please mail the application and fees to:

Middle Atlantic Motocross Association
P.O. Box 874
Bryantown, MD 20617-0874

2009 Riding Number ________

2010 Number Choice
1st Number Choice ________
2nd Number Choice ________
3rd Number Choice ________

Check appropriate box:
□ Adult
□ Youth

Check appropriate box:
□ New
□ Renewal

□ 50cc Shaft/PW 4-6
□ 50cc 4 stroke 4-8 multispeed
□ 50cc Oil Injected **4-6**
□ 50cc Oil Injected **7-8**
□ 50cc 4-8 **A - B**
□ 60cc 7-11 **A - B - C**
□ Jr Mini 7-11
□ Mini Women 7-15 **Open - Support**
□ 80cc 9-11 **A - B - C**
□ 80cc 12-15 **A - B - C**

Application Fees:
First Class: ***$25***
Additional classes:
$5 *per class*

****Please note that your MAMA membership card does not include a District membership***

□ Super Mini 12-16
□ Schoolboy 12-16
□ Schoolboy 4 stroke 14-16
□ College Boy 14-24
□ Women 12+ **Open - Support**
□ 250 cc 12+ **A - B - C - D**
□ Open 12+ **A - B - C**
□ Senior 30+ **Open - Support**
□ Super Senior 40+ **(Open - Support)**

AMA # |__|__|__|__|__|__|__|__| **EXPIRATION DATE**|__|__/__|__| **# OF YEARS AMA MEMBER**|__|__|

NAME|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| |__|
LAST FIRST MI

DATE OF BIRTH|__|__|-|__|__|-|__|__|__|__| **AGE**|__|__| **SEX** M F

ADDRESS|__|__|__|__|__| **STREET**|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| **APT**|__|__|__|__|

CITY|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| **STATE**|__|__| **ZIP**|__|__|__|__|__|

PHONE|__|__|__|-|__|__|__| - |__|__|__|__| **CELL PHONE**|__|__|__|-|__|__|__| - |__|__|__|__|

EMAIL ADDRESS|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

RELEASE, INDEMNITY AND ASSUMPTION OF RISK AGREEMENT

Applicant acknowledges the substantial risk of injury to person and property arising from participation in motorcycling events and further acknowledges that such injury and damage can be caused by the negligent acts and omissions of persons and organizations connected with the conduct of such events. Applicant hereby assumes all risk of loss, damage or injury (including death) to applicant's person or property from any cause whatsoever, whether or not such cause is attributable to the negligence of others.

Applicant hereby releases, discharges, and agrees to hold harmless and indemnify the American Motorcyclist Association, and the Middle Atlantic Motocross Association, sponsoring clubs and organizations, promoters, officials, fellow participants, land owners, and those acting in their support or on their behalf from any and all liability arising by a negligent act or omission or otherwise resulting in personal injury or property damage to applicant, applicant's property or applicant's family, while participating in motorcycling events or while upon, entering or departing from the premises upon which such motorcycling events are conducted.

Initial here to indicate that you have completely read this application___________

NOTICE: IF UNDER 18 years of age this application must bear the notarized signature of both parents or guardians which shall acknowledge a waiver And release of any and all claims such parent or guardian may have.

Upon completion of this application, payment of above fee for **The Membership Card**, and signing the waiver release, you will be eligible to race MAMA sanctioned events. With this card, you will be eligible to earn MAMA series points. I / We hereby make oath and say that to the best of our Knowledge and belief, all statements set forth in this application are true and correct.

_____________________________ Date: ___________________
Signature of Rider*

***SIGNATURE OF BOTH PARENTS AND NOTARY REQUIRED IF UNDER 18**

□ Check here if you have sole custody of your child

____________________________ ____________________________
Signature of Mother /Guardian Signature of Father /Guardian

____________________________ ____________________________
Printed Name of Mother /Guardian Printed Name of Father /Guardian

Yearly Membership Fee Must Accompany This Application
DO NOT SEND CASH IN THE MAIL

Sworn and Subscribed before me

(SEAL)

In (city, state)____

On this_________ day of ____________________________, 20______

_____________________________ _____________________________
Name of Notary Signature of Notary

Notary Public in the state of ________________________________

My Commission Expires_____________________________________