

2010 Capeway Rovers - NEATV-MX, Inc. Quad Entry Form

Event Date: _____

Rider Number: _____

Name: _____

Insurance Co: _____

Address: _____

Policy Number: _____

City: _____ ST: _____ Zip: _____

Exp. Date: _____

Telephone: (_____) _____ - _____

NEATV-MX Membership #: _____

Date of Birth: _____

E-mail: _____

Brand: _____ Frame: _____

Sponsors: _____

CLASSES (one per entry form)

- | | | | | |
|------------------------------------------------------|----------------------------------------------------------|---------------------------------------|-----------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> 0-50 Limited
(age 4-8) | <input type="checkbox"/> Youth 200/300 C
(age 12-14) | <input type="checkbox"/> 25+ Open | <input type="checkbox"/> 4 Stroke C (age 15+) | <input type="checkbox"/> Open C (age 15+) |
| <input type="checkbox"/> 0-70 Limited
(age 6-11) | <input type="checkbox"/> Youth 200/300 B
(age 13-16) | <input type="checkbox"/> 30+ Open B/C | <input type="checkbox"/> 4 Stroke B (age 16+) | <input type="checkbox"/> Open B (age 16+) |
| <input type="checkbox"/> 0-90 Auto
(age 8-15) | <input type="checkbox"/> Production Stock C
(age 15+) | <input type="checkbox"/> 30+ Open A | <input type="checkbox"/> 4 Stroke A (age 16+) | <input type="checkbox"/> Open A (age 16+) |
| <input type="checkbox"/> 0-90 Modified
(age 8-15) | <input type="checkbox"/> Production Stock B
(age 16+) | <input type="checkbox"/> 40+ Open | <input type="checkbox"/> Sport 15+ | <input type="checkbox"/> Pro-Am |
| | <input type="checkbox"/> Production Stock A
(age 16+) | <input type="checkbox"/> Women's Open | <input type="checkbox"/> College Boy
(age 16-24) | <input type="checkbox"/> Pro |

Entry Fees: Pro/Pro-Am: \$50.00 All Others: \$40.00 (\$10.00 late fee per class for registration the weekend of the event)

I understand that in order to properly safeguard the spectators, contestants and to avoid possible mishap the authorized Referee reserves the right to exclude any competitor or mechanic whom in their judgment is not fully qualified to compete in the scheduled events. This applies to rider's riding ability and/or equipment conditions as well as violations of any Rules or Regulations

I hereby agree to confirm to and comply with all rules governing this event as set forth by the Promoting Organization and I further agree to hold blameless the Promoting Organization, the owners of the premises, or any Officers or Officials thereof, for any loss of injury to myself or property And to assume all responsibility for doctor and hospital expenses and any loss or injury to myself or personal property in which I may have become involved by reason of participation in this event.

IN CASE OF EMERGENCY

I hereby give permission to the attending Physician, Physician's Assistant, Nurse, Paramedical personnel and Emergency medical technicians to secure proper treatment and hospitalize until the person below can be reached

Name: _____ Relationship: _____

Address: _____

City: _____ ST: _____ Zip: _____

Telephone: (_____) _____ - _____

ALL RIDERS UNDER 18 MUST HAVE THIS FORM NOTARIZED

Date: _____ I _____ give my permission for my ward _____ to participate in this event. I understand that I am responsible for any and all injuries to my ward, and or personal property and doctor and hospital bills as a result of their participation in this event

I hereby relieve the event officials, the event promoters, the property owners of any and all responsibility due to any injuries to my ward and/or personal property that may be incurred during this event
Signed: _____

(IN INK)

Address: _____

Notary Seal: _____

Notary Public Signature: _____

State of _____ County Of _____

On This _____ Day of _____, 20____

Before me personally appeared: _____

To me known to be the person (or persons) described in and who executed the foregoing instrument and acknowledge that they executed their same free act and deed.

PARENT/GUARDIAN MUST BE PRESENT AT SIGN-IN

To me known to be the person (or persons) described in the and who executed the foregoing instrument, and acknowledged that they executed the same as their free act and deed.

Signature: _____ **Date:** _____

Make checks payable to:

Capeway Rovers
P.O. Box 2304
Abington, MA 02351