

2016 New Capeway Sports Committee (NCSC) Membership Application

Rider Number: **Choice #1** _____ **Choice #2** _____ **Choice #3** _____
 _____ **Renewal** _____ **New Membership**

Please Print

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Day Time Phone: Area Code: _____ Phone: _____

Evening Phone: Area Code: _____ Phone: _____

Youth Age is determined by your age as of 1/1/2016 — Vets Age as of 12/31/2016

Age: _____ Date of Birth: _____ Sex: Male Female

Indicate bike size and ability level (if you ride another organization, that is your level)

Bike Brand: _____

| Bike Size | | | Bike Type | | Ability Level |
|------------|-----------------------|-------------|-------------------|-------|---------------|
| _____ 50cc | _____ 150cc—Stock | _____ 250cc | _____ Shaft Drive | _____ | Expert - A |
| _____ 65cc | _____ 150cc Big Wheel | _____ 450cc | _____ 4 Stroke | _____ | Amateur - B |
| _____ 85cc | _____ 125cc | | _____ 2 Stroke | _____ | Novice - C |

False or misleading statements and/or answers on this or any other Entry or any NCSC forms may result in rider suspension and/or disqualification. NCSC rider numbers are valid from Jan. 1st, 2016 to Dec. 31st, 2016. Assigned numbers are not refundable or transferable. Rider classifications changes made during activity within other race organizations must be reported in writing to NCSC.

THE PROMOTERS AND/OR THE NEW CAPEWAY SPORTS COMMITTEE DO NOT PROVIDE MEDICAL INSURANCE COVERAGE. EACH PARTICIPANT MUST PROVIDE THEIR OWN AND THEY MUST SHOW WRITTEN PROOF OF SUCH COVERAGE AT EVERY EVENT WHEN THEY CHECK IN. YOU MUST SHOW PROOF OF PROPER MEDICAL INSURANCE COVERAGE IN ORDER TO BE ELIGIBLE TO RIDE.

MEDICAL INFORMATION

| | | | |
|---|-------------|-------------------------|-------------------------|
| Health Insurance: | | Policy #: | |
| In Emergency Notify: _____ (Relationship) | | Telephone: () _____ | |
| Address: _____ | City: _____ | State: _____ | Zip: _____ |
| Current Medications: | | Drug Allergies: | |
| Illness/Injuries in the last 12 months: | | | |
| Personal Physician: _____ | | Address: _____ | |
| | | City: _____ | State: _____ Zip: _____ |

**2016 New Capeway Sports Committee (NCSC)
Membership Application**

I AGREE TO CONFORM TO AND COMPLY WILTH ALL RULES SET FORTH BY THYE NEW CAPEWAY SPORTS COMMITTEE (NCSC) AND PROMOTING ORGANIZATIONS. I HEARBY RELEASE (NCSC), IT'S OFFICERS, AGENTS, REPRESENTATIVES, AND OFFICIALS THE OWNERS (S) OF THE PREMISIS, OR ANY OFFICERS THEREOF, AND OTHER RIDERS AND MECHANICS FROM ANY AND ALL LIABILITY, LOSS, DAMAGE, COSTS, CLAIMS AND/OR CAUSES OF ACTION INCLUDING BUT NOT LIMITED TO ALL BODILY INJURIES AND PROPERTY DAMAGE ARISING OUT OF MY PARTICIPATION IN ANY EVENT SANCTIONED BY (NCSC), AND I ASSUME RESPONSIBILITY FOR ALL EXPENSES FOR PHYSICIANS, AMBULANCES, HOSPITALS AND OTHER MEDICAL EXPENSES AND ANY OTHER LOSS OR INJURY TO ME AND/OR PERSONAL PROPERTY WICH I MAY SUSTAIN BY REASON OF MY PARTICIPATION IN ANY (NCSC) SANCTIONED EVENT.

Personally Appeared: _____

Before me this _____ day of _____ , 2015

Notary Public: _____

Signed: _____

If under 18 years old this form must be signed by parent or guardian and notarized.

REGARDLESS OF AGE OF RIDER
THIS FORM MUST BE NOTARIZED.

2016 Annual fee for NCSC membership is \$75.00 by mail.

All information on this form is the sole use of the New Capeway Sports Committee and shall not be disclosed or used for any other purpose without express written consent of the NCSC.

The 2015 NCSC numbers will be assigned on a first come first served basis.

To insure you get the number you want, have this form notarized, include your check for your 2015 NCSC Membership and return ASAP to:

NCSC
PO Box 2304
Abington, MA 02351