2017 New Capeway Sports Committee (NCSC) Membership Application Stores fill out on your computer and then print and mail or bring to the track

Rider Number:	Choice #1	Choice #2		_ Choice #3		
	Renewal	New N	lembership			
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 determ	nined by your age as	of 1/1/2017 — Vets A	age as of 12/3	1/2017		
Age:	Date of Birth:			Sex: Ma	ale Female	
Indicate bike size ar	nd ability level (if you r	ide another organiza	ition, that is yo	our level)		
Bike Brand:						
Bike S	Size			Bike Type	Ability Level	
	— 150cc—Stock			Shaft Drive	· ·	
65cc	— 150cc Big Wheel	450cc		4 Stroke	Amateur - B	
85cc	125cc			2 Stroke	Novice - C	
suspension and/or di numbers are not ref	statements and/or an squalification. NCSC undable or transferab e reported in writing to	rider numbers are va le. Rider classificatio	lid from Jan.	1st, 2017 to Dec.	_	
SURANCE COVERA TEN PROOF OF SU	AND/OR THE NEW C GE. EACH PARTICIF CH COVERAGE AT E CAL INSURANCE CO	PANT MUST PROVIDENCE WERY EVENT WHE	DE THEIR OW IN THEY CHE	'N AND THEY MU CK IN. YOU MUS	JST SHOW WRIT-	
	ME	DICAL INFORM	MATION			
Health Insurance:			Policy #:	Policy #:		
In Emergency Notify: (Relationship)		Telephone	Telephone: ()			
Address:	City:		State:	State: Zip:		
	City:		Otate.	—·F·		
Current Medications	<u> </u>		Drug Aller			
Current Medications Illness/Injuries in th	s:					
	s: e last 12 months:	Address:			,	

2017 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	, 2017
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.

2017 Annual fee for NCSC membership is \$75.00 by mail or at the track.

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 2017 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 2017 NCSC Membership and return ASAP to:

NCSC

PO Box 2304

Abington, MA 02351