	Please fill o		bership A omputer and the	Applic	nittee (NC ation nail or bring to the t	
Rider Number:	Choice #	I	Choice #2		Choice #3	
		Renewal	New	Membership		
Please Print						
Last Name:				First Name	:	
Address:						
				.		
City:				State:	Zip:	
Email Address: _						
Cell Phone:	Area Code	:	Phone:			
Alternate Phone:	Area Code	:	Phone:			
Youth Age is deterr	mined by your	age as of 1	/1/2021 —Vets /	Age as of 12	/31/2021	
Age:	Date of	Birth [.]				/ale
/\yc		Dir (11				
Indicate bike size a	nd ability leve	l (if you ride	another organiz	ation, that is	s your level)	
Bike Brand:						
Bike Size					Bike Type	Ability Level
50cc	— 150cc—S	stock	250cc		—— Shaft Drive	Expert - A
65cc	-	Wheel	450cc	-	4 Stroke	Amateur - B
85cc	125cc			-	2 Stroke	Novice - C
rider suspension an	d/or disqualifi are not refun	cation. NCS	SC rider number Insferable. Rider	rs are valid r classificati	from Jan. 1st, 20	C forms may result in 21 to Dec. 31st, 2021. e during activity within
THE PROMOTERS SURANCE COVERA TEN PROOF OF SU	AGE. EACH P ICH COVERA	ARTICIPAN GE AT EVE	IT MUST PROV RY EVENT WH	IDE THEIR (EN THEY C	OWN AND THEY N HECK IN. YOU MU IGIBLE TO RIDE.	
OF PROPER MEDIC				AAATION		
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OF PROPER MEDIC Health Insurance:			_	Policy #	<i>‡</i> :	
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OF PROPER MEDIC Health Insurance: In Emergency Notif Address: Current Medication	y: s: ne last 12 mor	(Relati City:	_	Policy # Teleph State: Drug A	#: one: () Zip:	

2021 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 PROP-ERTY DAMAGE ARISING OUT OF MY PARTICIPATION IN ANY EVENT SANCTIONED BY (NCSC), AND I AS-SUME 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 _____ ,2021

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.

2021 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 2021 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 2021 NCSC Membership and return ASAP to:

NCSC

PO Box 2304

Abington, MA 02351

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