

# 2007 Capeway Rovers M/C

# NEATV-MX 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: \_\_\_\_\_

AMA/ATVA Membership #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Brand: \_\_\_\_\_ Frame: \_\_\_\_\_

Sponsors: \_\_\_\_\_

### CLASSES (check only one per entry form)

- |  |   |                                       |  |                                      |
|--|---|---------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> 0-50 Limited (4-8)    | <input type="checkbox"/> 71-90 Mod (8-15)   | <input type="checkbox"/> 25+ Open     | <input type="checkbox"/> 4 Stroke C 91-450cc | <input type="checkbox"/> Open B      |
| <input type="checkbox"/> 51-70 Limited (6-11)  | <input type="checkbox"/> Youth 200/300      | <input type="checkbox"/> 30+ Open B/C | <input type="checkbox"/> 4 Stroke B 91-450cc | <input type="checkbox"/> Open A      |
| <input type="checkbox"/> 71-90 Limited (8-15)  | <input type="checkbox"/> Production Stock C | <input type="checkbox"/> 30+ Open A   | <input type="checkbox"/> 4 Stroke A 91-450cc | <input type="checkbox"/> Open Pro-Am |
| <input type="checkbox"/> 71-90 Auto Jr (8-11)  | <input type="checkbox"/> Production Stock B | <input type="checkbox"/> 40+ Open     | <input type="checkbox"/> Open C              | <input type="checkbox"/> Open Pro    |
| <input type="checkbox"/> 71-90 Auto Sr (12-15) | <input type="checkbox"/> Womens Open        |                                       |  |                                      |

**Entry Fees: Pro/Pro-Am: \$50.00 All Others: \$40.00** (\$10.00 Late fee for registration the day of the event)

I understand that if I am under eighteen (18) years, that this form must be signed by my parent or legal guardian and NOTARIZED

I further 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 top 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: \_\_\_\_\_

Mail To: Capeway Rovers M/C, P.O.Box 2304 Abington, MA 02351