

**2008 Jack Frost Motocross Event Entry Form**

[www.capewayrovers.com](http://www.capewayrovers.com)

**Please Circle Class and Ability Level**

**One form per class**

50cc 7 and under	50cc 8 and over	50cc 4 Stroke/Shaft	50cc Advanced	65cc Open
65cc A B C	85cc A B C	125 cc A B C	250cc A B C	105cc Open
30+ A B C	40+ A B C	Open A B C	Women's 125+	Women's Under 125

“Check “ MUST BE SENT WITH THIS ENTRY BLANK.  
PLEASE SEND ENTRIES TO CAPEWAY ROVERS M/C,  
P.O. Box 2304, Abington, MA 02351.

Entry fees are not refundable or transferable

**Riding Number**

**List 2 Primary Sponsors**


Brand of Machine: \_\_\_\_\_

Frame Number: \_\_\_\_\_

**NOTE CLASS AGE RESTRICITONS**  
**ALL RIDERS UNDER 18 COMPLETE THIS FORM.**  
**NOTARIZED PERMIT FORM**

Date: \_\_\_\_\_

I, \_\_\_\_\_

(Parent/Guardian Name)

give my permission for my ward \_\_\_\_\_

(Name of minor child)

to participate in this event.

I understand the event officials, the event promoters, the property owners and CRMC. are not responsible for any minors.

I understand that I am responsible for any or all injuries to my ward and/or personal property, and all ambulance, doctor, and hospital bills and/or any other related bills that have incurred as a result of their participation in this event.

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

Signed: (In Ink) \_\_\_\_\_

(Parent/Guardian)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

NOTARY PUBLIC SEAL:

NOTARY PUBLIC SIGNATURE:

State of: \_\_\_\_\_ County

Of: \_\_\_\_\_

On this: \_\_\_\_\_ Day of \_\_\_\_\_ 2008  
before me personally appeared

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

HAVE YOU READ THIS ENTRY BLANK? \_\_\_\_\_

SIGNED (in ink, Red or Blue): \_\_\_\_\_

SS#	Event Date:	
Date of Birth:		
Name:		
Address:		
City	State	Zip
Telephone: ( )		
Insurance Company:		
Policy No:		

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 Capeway Rovers Motorcylce Club, through the authorized Referee, reserves their right to exclude any competitor or mechanic who in their judgment is not fully qualified to complete in the scheduled events. This applies to rider's abilities and/or equipment conditions as well as violation of any Capeway Rovers Motorcylce Club or promoting organization rules or regulations.

I agree to conform to and comply with all the rules set forth by the Capeway Rovers Motorcylce Club ("CRMC") and promoting organizations. I hereby release the CRMC, it's officers, members, agents, representatives and officials, all event officials, and all promoting organizations and their respective members, officers and officials, the owner(s) of the premises, or any officers thereof, an all 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 events sanctioned by the CRMC, and I assume all responsibility for all expenses for physicians , ambulance, hospitals and other medical expenses and any other loss or injury to me and/or personal property which I may sustain by reason of my participation in any CRMC sanctioned events.

**IN CASE OF EMERGENCY**

I Hereby Give Permission to the Attending Physician, Physician's Assistant, Nurses, Paramedical Personnel, and Emergency Medical Technicians to secure proper treatment and hospitalize until the person below can be reached.

**IN CASE OF EMERGENCY CALL:**

Telephone: ( )		
Name:	Relationship	
Address		
City:	State:	Zip
Is this Person at the Event	Yes	No

“Post Entries” Entries at the track will be taken on a “Space available” basis at the events. Gate refunds will not be made to unaccepted riders choosing this option.

NOTE: IT IS EACH RIDER’S RESPONSIBILITY TO ENTER THE PROPER CLASS.

**Entry fee is \$ 40.00 per class, per day, single moto format.**