



rights. riding. racing.
American Motorcyclist Association

District 22

2008 District 22 Motocross Membership Application

Mail Applications to:
D22- Membership Director
PO Box 37272, Des Moines, IA 50315

- Make checks payable to: District 22 MX
- Fill out completely- please type or print

Circle Classification

Youth (7-15)
 50 SR (7-8)
 65JR (7-9)
 65SR (10-11)
 85JR (9-11)
 85SR (12-15)

Adult Motocross 15yrs.& older

A B C

Quad Classification

Youth

Adult A

Adult B

Adult C

Please note: Enduro and Hare Scrambles must use separate application go to: www.IERA22.com

AMA No. _____ AMA membership required for D22 membership

DATE: _____

NAME _____

FIRST

MIDDLE

LAST

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ PREFERRED MX NUMBER _____

E-MAIL _____

AGE _____ DATE OF BIRTH: _____

MOTOCROSS MEMBERSHIP \$20.00 NEW RENEWAL REFUND

Subscription to Cycle USA is included in motocross membership fee.

**ALL RIDERS UNDER 18 YEARS OF AGE MUST SEND COPY
OF BIRTH CERTIFICATE AND HAVE APPLICATION NOTARIZED**

THIS IS A RELEASE — PLEASE READ AND COMPLETE

In consideration of being granted an amateur competition number and in consideration of being permitted to participate in competition events sanctioned by the American Motorcyclist Association and under the rules of the AMA and District 22 Club Council, I apply for a District 22 membership.

I hereby give up all my rights to sue or make claim for damages due to negligence or any other reason whatsoever against the American Motorcyclist Association and its district organizations, the promoters, sponsors and all other persons, participants or organizations conduction or connected with this event for injury to property or person I may suffer, including crippling injury or death, while participating in the event and while upon the premises.

I know the risks of danger to myself and my property while preparing for and participating in the event and while upon the event premises and relying upon my own judgment and ability, assume all such risks of loss and hereby agree to reimburse all costs to those persons or organizations connected with this event for damages incurred as a result of my negligence.

HAVE YOU COMPLETELY READ THIS APPLICATION _____ **INITIAL** _____

I hereby make oath and say that to the best of my knowledge and belief all statements set forth in this document are true and correct.

Rider's signature (sign in ink only)

NOTICE: IF UNDER 18 YEARS OF AGE, THIS APPLICATION MUST BEAR THE NOTORIZED SIGNATURE OF PARENT OR LEGAL GUARDIAN, WHICH SHALL ACKNOWLEDGE WAIVER AND RELEASE OF ANY AND ALL CLAIMS SUCH PARENT OR LEGAL GUARDIAN MY HAVE.

Parent or Legal Guardian Signature (must be notarized) _____

State of _____ Signed or attested before me _____ day of _____, 20____.

County of _____ My Commission expires _____, 20____.

District use only: Date Rec'd: _____

Date Issued: _____ By: _____

District 22 membership application receipt.

Issued by _____

Applications date. _____

If membership card not receive in 14 days please call Carol Cleaver at 515-419-2866