

# 2011 Raceway Park- NEATV-MX, Inc. 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:** \_\_\_\_\_

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

**ATV Classes:**

- |   |   |
|---|---|
| <input type="checkbox"/> 50 Limited (age 4-8)   | <input type="checkbox"/> Youth 200/300 C (age 12-14)  |
| <input type="checkbox"/> 50 Modified (age 4-8)  | <input type="checkbox"/> Youth 200/300 B (age 13-16)  |
| <input type="checkbox"/> 70 Limited (age 6-11)  | <input type="checkbox"/> Production Stock C (age 15+) |
| <input type="checkbox"/> 70 Modified (age 6-11) | <input type="checkbox"/> Production Stock B (age 15+) |
| <input type="checkbox"/> 90 Auto (age 8-15)     | <input type="checkbox"/> Production Stock A (age 16+) |
| <input type="checkbox"/> 90 Modified (age 8-15) | <input type="checkbox"/> College Boy (age 16-24)      |
|   | <input type="checkbox"/> Sport 15+                    |

- |   |   |
|---|---|
| <input type="checkbox"/> 4 Stroke C (age 15+) | <input type="checkbox"/> Open C (age 15+) |
| <input type="checkbox"/> 4 Stroke B (age 15+) | <input type="checkbox"/> Open B (age 15+) |
| <input type="checkbox"/> 4 Stroke A (age 16+) | <input type="checkbox"/> Open A (age 16+) |
| <input type="checkbox"/> 30+ Open B/C         | <input type="checkbox"/> 25+ Open         |
| <input type="checkbox"/> 30+ Open A           | <input type="checkbox"/> Women's Open     |
| <input type="checkbox"/> 40+ Open             | <input type="checkbox"/> Pro-Am           |
|   | <input type="checkbox"/> Pro              |

**Trophy Kart Classes:**

- |   |   |
|---|---|
| <input type="checkbox"/> JR1 200 Spec (age 8-12)  | <input type="checkbox"/> 450 Spec (age 16+)     |
| <input type="checkbox"/> JR2 200 Spec (age 13-15) | <input type="checkbox"/> 450 Modified (age 16+) |
| <input type="checkbox"/> 250 Modified (age 9-15)  | <input type="checkbox"/> Mod Open (age 15+)     |

**UTV Classes:**

- |   |  |
|---|--|
| <input type="checkbox"/> 170 Stock (age 4-7)    | <input type="checkbox"/> Modified 800 (age 16+)  |
| <input type="checkbox"/> 170 Modified (age 4-7) | <input type="checkbox"/> Stock Open (age 16+)    |
| <input type="checkbox"/> Stock 800 (age 16+)    | <input type="checkbox"/> Modified Open (age 16+) |

**Entry Fees: Pro/Pro-Am: \$50.00 All Others: \$40.00** (\$10.00 late fee per class for registration the weekend of the event)

I 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 to 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:** \_\_\_\_\_

Make checks payable and mail to: **Raceway Park**  
230 Pension Road  
Englishtown, NJ 07726  
Attention: Kate Hilton