



District 2 Competition Partner
Motocross Series And Competition Card Application



First Name:		MI:	Last Name:		
Address:		City:		State:	Zip:
Cell Number:		Email:		Age:	DOB:
AMA #	Expires:	Number Requested:		2 nd Choice:	3 rd Choice:
Pro Riders: If you provide proof that you attempted to qualify or qualified for an AMA Pro National or Supercross in the 2017 season you will be granted a card at no charge				License #	Race #

AMA D-2 is the AMA District 2 Motocross region. Motocross competition cards are valid from January 1st through December 31st. Race numbers may need to change based on advancement to a higher classification. Numbers are based on racer classification for youth and adult competitors. Proof of age is to be provided for all racers, please provide at least one of the following: copy of birth certificate, copy of student ID, copy of Drivers License, copy of Military ID. Only D-2 card holders are eligible for end of year awards. All applicants will receive a \$10.00 Rocky Mountain ATV/MC from Rocky Mountain ATV/MC for purchasing a card and will also receive one for every race attended.

Adult competition classes, please check your race classification, all racers under the age of 18 no matter what classification, must complete release on page 2.

250/450 Expert (A)	250/450 Amateur (B)	250/450 Novice (C)	Vet Expert (A) 25-50+	250/450 Beginner 14+
Vet Amateur (B) 25 - 50+	Vet Novice (C) 25-50+	Collegboy (16-24)	Women 14+	
Quad Expert	Quad Amateur	Quad Novice	Quad Vet	

Youth competition classes, please check your race classification, all racers under the age of 18 no matter what classification, must complete release on page 2.

50cc	65c	85cc	Jr Mini/Super Mini
85/65 Beginner 9-15			Quad Youth

Please Read Carefully

In consideration of being granted an amateur competition number and in consideration of being permitted to enter competition events during the year from 1/1/2018 to 12/31/2018, sanctioned by the American Motorcyclist Association and under the rules of the District 2 Promoters Group.

I hereby release and agree to hold harmless the American Motorcycle Association, the District 2 Promoters Group and its directors, officers and partners, the owners and lessees of race tracks in sanctioning races and its employees, representatives, flaggers, track officials, track maintenance personnel, including rescue operations personnel, sponsors, participants and all other persons connected or conducting events related to the District 2 Promoters group and competition partners from all liability, loss, damage or injury (including death) to my person or property, in any way resulting from or arising in conjunction with all District 2 Motocross events. This includes while engaged in competition or in practice, or preparation there for, or while entering or departing from the premise of said events, from any cause whatsoever. I know the risk and danger to myself and property while at said events, so voluntarily and in reliance, upon my own judgment and ability, and I thereby assume all risk for loss, damage or injury (including death) to myself and my property from any cause whatsoever. Medical Insurance Is The Sole Responsibility Of The Rider

I have read this release and waiver of liability, assumption of risk and indemnity agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and have signed it freely and voluntarily without any inducement, assurance or guarantee being made to me and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Rider Signature: _____ Date: _____

Riders 18 and older stop here. All applicants please make your check in the amount of **\$25.00** out to and mail this application to:
District 2 Promoters Group
283 Newtons Corner Road
Howell, NJ 07731

Riders and Parents Under 18, Must Also Please Complete Page 2



District 2 Competition Partner
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Page 2 Youth Racers



Racers First Name:	MI:	Last Name:
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Fathers First Name:	MI:	Last Name:
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Address:	City:	State:	Zip:
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Cell Number:	Email:
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Mothers First Name:	MI:	Last Name:
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Address or Same :	City:	State:	Zip:
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Cell Number:	Email:
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Guardian First Name:	MI:	Last Name:
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Address:	City:	State:	Zip:
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Cell Number:	Email:
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The minimum age for youth racers is 4 years old. A riders age on January 1st will determine their age for the remainder of the season. A rider may move to the next higher age class in the youth division only if they will be eligible to do so at any time during the season. Once a rider moves up to the next higher age class in AMA or NON AMA COMPETITION, they may not move back to the lower age class. Riders are encouraged to determine at the beginning of the points season/year the age class they will participate in for the points season/year. Points earned in a lower age class will not transfer to the higher age class.

A copy of the racers Birth Certificate must accompany this application.

Rider Signature: _____ Date: _____

Father/Guardian Signature: _____ Date: _____

and/or

Mother/Guardian Signature: _____ Date: _____

Subscribed and Sworn to before me this _____ Day of _____, 20 _____

Notary Public: _____

My Commission Expires: _____

Please make your check payable to District 2 Promoters Group complete page 1 and 2 and mail pages them to:

District 2 Promoters Group
283 Newtons Corner Road
Howell, NJ 07731