

**DISTRICT SIX SPORTS ASSOCIATION, INC**

Application for Competition Card and Number

**\$25. Fee must accompany this application**

This Number Application is for: **Hare Scramble 2012** Date \_\_\_\_\_

Read • Fill out completely • Print legibly

Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

(Full Legal Name including JR or SR - please use this name when signing in every race - NO variations please)

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

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

AMA#: \_\_\_\_\_ Expires: \_\_\_\_\_ -- \_\_\_\_\_ Last Years D6 Number: \_\_\_\_\_

Requested #: \_\_\_\_\_ 1<sup>st</sup> Choice 2<sup>nd</sup> \_\_\_\_\_ NO LETTERS

Do you currently hold a Pro or Pro-Am license? (Yes or No) \_\_\_\_\_

# Issued  
(Leave Blank)

Numbers are in effect January 1<sup>st</sup> thru December 31<sup>st</sup> of each year. In order to retain current D6 number, this form must be submitted prior to December 31<sup>st</sup> of the present year. Only District 6 card holders are eligible for awards in the District 6 points contests.

All riders must show their AMA cards at sign-in. All competitors are responsible for their District 6 cards. No card is transferable.

**MARK YOUR CLASS CLEARLY WITH AN X IN THE CORRECT BOX BELOW**

**ADULT BIKES**

<b>Motorcycle A</b> <input type="checkbox"/> 201-Open A <input type="checkbox"/> 120-200 A <input type="checkbox"/> Veteran A (30+) <input type="checkbox"/> Senior A (40+) <input type="checkbox"/> Super Senior (50+)	<b>Motorcycle B</b> <input type="checkbox"/> 201- Open B <input type="checkbox"/> 120- 200 B <input type="checkbox"/> Veteran B (30+) <input type="checkbox"/> Senior B (40+)	<b>Motorcycle C</b> <input type="checkbox"/> 201- Open C <input type="checkbox"/> 120- 200 C <input type="checkbox"/> Vet / Senior C (30+)
<input type="checkbox"/> MASTERS (60+) <input type="checkbox"/> Woman's 16+ / 105-Open		

**ADULT QUADS**

<b>Quads A</b> <input type="checkbox"/> Open A <input type="checkbox"/> Vet 30+ <input type="checkbox"/> Sen 40+	<b>Quads B</b> <input type="checkbox"/> Open B (15+)* <input type="checkbox"/> Open B (30+)	<b>Quads C</b> <input type="checkbox"/> Open C (15+)* <input type="checkbox"/> C - (30+)
<input type="checkbox"/> 50+ <input type="checkbox"/> Utility <input type="checkbox"/> 200 2 stroke 13+/300 4 stroke 15+ <input type="checkbox"/> Women's		

**YOUTH BIKES**

<input type="checkbox"/> 50CC-8 YR. OIL INJECTED <input type="checkbox"/> 50cc 4-8 yr. <input type="checkbox"/> 65cc 7-9 yr. <input type="checkbox"/> 65cc 10-11 yr.	<input type="checkbox"/> 85cc 7-11 yr. <input type="checkbox"/> 85cc 12-15 yr. <input type="checkbox"/> Super Mini 12-15 yr. <input type="checkbox"/> 110cc air cool 7-12 yr.	<input type="checkbox"/> 100cc-150cc 4 STROKE
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**YOUTH QUADS**

<input type="checkbox"/> 0-50cc 4-8 yr. Stock <input type="checkbox"/> 51cc-70cc 6-11 yr. Production <input type="checkbox"/> 71cc -90 cc 2 stroke/ 125 4 stroke
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\* Note: New applicants, under the age of 18, must send a copy of their birth certificate. All applicants under the age of 18, must also send the completed, notarized Release and Indemnity Agreement Waiver.

**Make \$25.00 check payable to District 6 Sports Association, Inc.**

**THIS RECEIPT TO BE RETAINED FOR YOUR RECORDS AND MUST BE SHOWN AT SIGN-IN UNTIL NUMBER IS RECEIVED**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Type of Event \_\_\_\_\_

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

Club Track Name \_\_\_\_\_

NOT VALID UNLESS SIGNED \_\_\_\_\_

Revised 12/11

[www.amadistrict6.com](http://www.amadistrict6.com)

**WAIVER: THIS IS A RELEASE AND INDEMNITY AGREEMENT**

In consideration of being granted an amateur competition number and in consideration of being permitted to enter competition events sanctioned by the American Motorcyclist Association and coordinated by District 6 Sports Association, Inc.

I hereby give up all my rights to sue or make any claim whatsoever against the American Motorcyclist Association and it's organizations, the American All Terrain Vehicle Association, the promoters, sponsors and all other persons or organizations conducting or connected with this event for any injury to property or person I may suffer, including crippling injury and death, whether such injury arises while I am preparing for or participating in the event or while I am upon the event premises.

I know the risks and dangers to myself and my property while 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 any injury that I cause or receive.

I hereby certify that I assume all responsibility for all charges, premiums and taxes. If any, payable on any funds I may receive as results of my competitive activities, including without limitation social security taxes, unemployment insurance taxes, compensation insurance, income taxes and withholding taxes.

I understand that a District 6 card for Amateur Events is subject to American Motorcyclist Association Rules of Competition and that of the District 6 Sports Association, Inc.

It is understood and agreed that in the event I am from whatsoever cause during an event authorized and operated under AMA D-6 rules, I herewith consent to and authorize first aid and ambulance service as provided by the sponsoring club or property owners, and further to hold all parties harmless from any consequences of said aid.

<p>I have read this application and hereby make oath and say that to the best of my knowledge and belief all statements set forth in this report are true and correct.</p> <p>Rider's Name (print) _____</p> <p>Rider's Signature _____</p> <p>Date _____</p>	<p><b>NOTICE, IF UNDER 18 years of age, which applies to the laws of the states of Pennsylvania and New Jersey. This application must bear the NOTARIZED SIGNATURE OF PARENT OR GUARDIAN which shall acknowledge a waiver and release of any and all claims such parent or guardian may have.</b></p> <p>Parent or Guardian signature _____</p> <p>Subscribed and Sworn before me this ____ day of _____</p> <p>My Commission expires _____</p> <p>_____ Notary Public</p>
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 In order to retain current D6number, this form must be submitted prior to Dec 31<sup>st</sup> of the present year.  
 Only District ^ card holders are eligible for awards in the District 6 points contests.  
 All riders must show their AMA cards at sign in.  
 All competitors are responsible for their District 6 Cards. No card is transferable.

<p><b>Important checklist before mailing your Hare Scramble application.</b></p> <ol style="list-style-type: none"> <li>1. <b>Adult Competitors</b> – Check for your proper classification. For advancement list, go to <a href="http://amadistrict6.com">amadistrict6.com</a> Note: All applicants must send the completed waiver above.</li> <li>2. <b>Youth Competitors</b> – Check your classification. Note: <u>ALL</u> applicants, under 18, must send a copy of their birth certificate <b>AND</b> the completed, notarized waiver.</li> <li>3. <b>\$25 fee must accompany this application.</b></li> </ol> <p>Make checks payable to: <b>District 6 Sports Association</b></p>	<p>Mail to:</p> <p style="text-align: center;"><b>Hare Scramble Numbers                  Duane Fisher                  468 Evansville Road                  Berwick, PA 18603</b></p> <p style="text-align: center;">570-759-2841</p>
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