



AMA DISTRICT 22 CLUB COUNCIL, INC.
2017 Full Membership Application

Checks payable to: AMA D22 Club Council

Mail Applications to: **Membership Director**
1064 500th Avenue, Montezuma, IA 50171

Lori Bryan—641-660-5668

*** PLEASE PRINT CLEARLY * FILL OUT COMPLETELY**



Iowa District 22
www.IowaMX.com

**CIRCLE BIKE
CLASSIFICATION**

- 50 JR (4-6)
- 50 SR (7-8)
- 65JR (7-9)
- 65SR (10-11)
- 85JR (9-11)
- 85SR (12-15)

Motocross 14yrs.& older

A B C

**CIRCLE QUAD
CLASSIFICATION**

- Youth
- Adult A
- Adult B
- Adult C

DATE: _____

AMA No. _____ AMA membership required for D22 membership

NAME _____

MAIL FIRST MIDDLE LAST

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ PREFERRED MX NUMBER _____

E-MAIL _____ 2nd _____

3rd _____

AGE _____ DATE OF BIRTH: _____

MOTOCROSS MEMBERSHIP \$25.00 NEW RENEWAL

**** 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 SIGNATURE OF PARENT OR LEGAL GUARDIAN, WHICH SHALL ACKNOWLEDGE WAIVER AND RELEASE OF ANY AND ALL CLAIMS SUCH PARENT OR LEGAL GUARDIAN MAY HAVE.

**** PARENT OR LEGAL GUARDIAN SIGNATURE _____

2017 DISTRICT 22 MEMBERSHIP RECEIPT (RIDER KEEP THIS)

Name _____

Application date _____ Amount Paid \$ _____

Track Issued (if applicable) _____

If no card received in 14 days please call the Membership Director at 641-660-5668