

Kauai Motocross Riders Association
P.O. Box 475 Lawai, HI. 96765
Membership Application and Liability Waiver
January 01, 2009 Thru December 31, 2009

Name _____ Birthdate _____
Address _____ Zip Code _____
Phone: Home _____ Cell: _____
Family Physician _____ Phone # _____
Email Address _____

EMERGENCY CONTACT:

Name _____ Relationship _____
Phone: Home _____ Work _____ Cell _____

MEMBERSHIP:

Single Rider: \$100.00 Bike # _____
Additional Rider(s): \$100.00

1. Name _____ Birthdate _____ Bike # _____
2. Name _____ Birthdate _____ Bike # _____
3. Name _____ Birthdate _____ Bike # _____
4. Name _____ Birthdate _____ Bike # _____

Non-Rider: \$25.00

1. Name _____ 2. _____

Totals:

Single Rider _____ X \$100.00 = \$ _____
Additional Rider(s) _____ X \$100.00 = \$ _____
Non-Rider(s) _____ X \$ 25.00 = \$ _____
Total Amount Due = \$ _____

**AMOUNT DUE MUST BE RECEIVED NO LATER THAN FEBRUARY 28, 2009.
ALL RIDERS WHOSE PAYMENTS ARE NOT RECEIVED BY THE DUE DATE
WILL BE REQUIRED TO PAY THE NON-MEMBER FEE PER DAY OF RIDING. NO
EXCEPTIONS WILL BE MADE!**

If member is a minor, please complete the following:

Mother's Name _____ Phone #(s): _____
Father's Name _____ Phone
#(s): _____

IMPORTANT NOTE TO RIDERS AND PARENTS:

All minors must be accompanied by a parent or legal guardian. Your safety will depend on your commitment to always provide a safe environment and a properly maintained motorcycle. As with any moving vehicle, there are possible safety risks. Be sure to keep these precautions in mind. Always be equipped with protective riding gear and riding apparel. Be sure you always wear a helmet, goggles, boots, and gloves at all times. A chest protector is recommended, but optional to rider.

LIABILITY WAIVER ON BACK

