



P.O. BOX 880849, Pukalani, Hi, 96788

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MEMBERSHIP REGISTRATION/ WAIVER FORM

1ST MEMBER \$60.00/ 2ND MEMBER \$40.00/ 3RD \$20.00

NAME: _____
FIRST LAST

MAILING ADDRESS: _____
STREET/PO BOX CITY STATE ZIP CODE

TELEPHONE: _____
HOME WORK CELL

E-MAIL: _____

AGE: _____ **BIRTH DATE:** _____ **RIDER/PARENT** _____

DO YOU HAVE MEDICAL INSURANCE: YES _____ **NO** _____

IF SO, NAME OF CARRIER: _____

IN CASE OF EMERGENCY, PLEASE CONTACT:

NAME RELATIONSHIP TELEPHONE#

MEMBERS SIGNATURE: _____ **DATE:** _____

IF UNDER 18 YEARS OF AGE:

PARENT/GUARDIAN-PRINT CLEARLY & SIGN TELEPHONE: HOME/WORK

PARENT/GUARDIAN-PRINT CLEARLY & SIGN TELEPHONE: HOME/WORK

MINOR MEMBER'S SIGNATURE: _____

***ALL RIDERS MUST BE MAUI MOTOCROSS ASSOCIATION MEMBERS TO USE FACILITY.**

(SEE BACK FOR REQUIRED WAIVER RELEASE/ MUST BE NOTARIZED)