

EVENT ENTRY FORM			*ONE FORM PER RIDER	**PRINT CLEARLY	
85cc "C"	Youth 125cc "C"		125cc Novice	200+cc Novice	Open Novice
85cc "B"	Youth 125cc "B"		125cc Amateur	200+cc Amateur	Open Amateur
85cc "A"	Youth 125cc "A"		125cc Expert	200+cc Expert	Open Expert
Super Mini	50cc	65cc	125cc Pro Expert	200+cc Pro Expert	50 + Open
Female		45+ Open	30+ "A" "B" "C"	35+ "A" "B" "C"	40+ "A" "B" "C"

PLEASE SEND ENTRIES TO TRACKS NOT TO N.E.S.C.
Checks must be made payable to the tracks for which you are entering. Fees: Pre-entry: \$30/class for 1st 2 classes ; \$15 for additional classes. Late entry: \$40 for first class at track, \$30 for the 2nd class, \$15 for additional classes.

"Post Entries" Entries at the track will be taken on a "Space available" basis at the events. Gate refunds will not be made to unaccepted riders choosing this option.

Date of Birth:		Event Date:	
Name:			
Address:			
City	State	Zip	
Telephone: ()			
Insurance Company:			
Policy No			

I understand that if I am less than eighteen (18) years old; this form must be signed by my parent or legal guardian and Notarized.

I further understand that in order to properly safeguard the spectators and contestants and to avoid possible mishap, the New England Sports Committee Referee, through the authorized Referee, reserves the right to exclude any competitor or mechanic who in their judgment is not fully qualified to complete in the scheduled events. This applies to rider's abilities and/or equipment conditions as well as violation of any New England Sports Committee or promoting organization rules or regulations.

I agree to conform to and comply with all the rules set forth by the New England Sports Committee ("NESC") and promoting organizations. I hereby release the NESC, it's officers, members, agents, representatives and officials, all event officials, and all promoting organizations and their respective members, officers and officials, the owner(s) of the premises, or any officers thereof, and all other riders and mechanics, from any and all liability, loss, damage, costs, claims and/or causes of action, including but not limited to all bodily injuries and property damage arising out of my participation in any events sanctioned by the NESC, and I assume all responsibility for all expenses for physicians , ambulance, hospitals and other medical expenses and any other loss or injury to me and/or personal property which I may sustain by reason of my participation in any NESC sanctioned events.

IN CASE OF EMERGENCY

I Hereby Give Permission to the Attending Physician, Physician's Assistant, Nurses, Paramedical Personnel, and Emergency Medical Technicians to secure proper treatment and hospitalize until the person below can be reached.

IN CASE OF EMERGENCY CALL:

Telephone: ()		
Name:	Relationship:	
Address:		
City:	State:	Zip
Is this person at the event?	Yes	No

NOTE: IT IS EACH RIDER'S RESPONSIBILITY TO ENTER THEIR PROPER CLASS
 Entry fees are not refundable or transferable.

Rider Number

Transponder Number

Class _____ Bike Brand: _____

Frame Number: _____

Class: _____ Bike Brand: _____

Frame Number: _____

Class: _____ Bike Brand _____

Frame Number: _____

NOTE CLASS AGE RESTRICTIONS

ALL RIDERS UNDER 18 COMPLETE THIS FORM. NOTARIZED PERMIT FORM

Date: _____

I, _____
 (Parent/Guardian Name)

give my permission for my ward _____
 (Name of minor child)

to participate in this event.

I understand the event officials; the event promoters, the property owners and N.E.S.C. are not responsible for any minors.

I understand that I am responsible for any or all injuries to my ward and/or personal property, and all ambulance, doctor, and hospital bills and/or any other related bills that have incurred as a result of their participation in this event.

I hereby relieve the event officials, the event promoters, the property owners and N.E.S.C. of any and all responsibility due to any injuries my ward, and or personal property that may be incurred during this event.

Signed: (In Ink) _____
 (Parent/Guardian)

Address _____

City: _____ State: _____ Zip: _____

NOTARY PUBLIC SEAL: NOTARY PUBLIC SIGNATURE

State of: _____ County of: _____

On this: _____ Day of _____ 20

before me personally appeared

To me known to be the person (or persons) described in and who executed the foregoing instrument, and acknowledged that they executed the same as their free act and deed.

HAVE YOU READ THIS ENTRY BLANK? YES

SIGNED (INK, Red or Blue): _____
 I have read, understand and will comply with all information on this form.