		CLASSIF	ICATION	TRANSPONDE	R#	RIDER#
	and Sports Committee  Application				$\neg$ $\Gamma$	
	2022 RIDER #		WRITE TR	RANSPONDER NUMB	ER ONLY IN	BOX ABOVE
	Number Preferences					
Note: Membership f we process your appone to ride with NES We do not rent tran RETURNED UNPRO	our 2022 number proper for ees do not include the transpo lication. If you do not own a t C. If you own a Flex, X2 or The esponders to members. ALI	orms and to onder. All r cransponder R2 transpor L FORMS W	fees must be members must you must orden nder, be sure y ITH MISSING	provide us with the er one at www.myla you have it activated	? Mylaps nui <mark>ps.com</mark> . Yo d before you	mber before ou must have ur first race.
First Name	Middl	e Initial	_ Last Name			
Mailing Address			City _			
StateZip	Code Date	of Birth(m	o/day/yr)	Bi	ke Brand _	
Home Phone:			Cell Phone:	:		
E-Mail Address:				CHECK RID	NG CLASS	S(ES)
What is your rider classification?  [ ]Pro Expert [ ]Expert{A} [ ]Amateur{B} [ ]Novice{c} [ ] Youth/Vet A 250 [ ] 450 [ ] 30+[ ] 40+[ [ ] Youth/Vet B [ ] Youth/Vet C [ ]Female [ ]50cc [ ]65cc [ ]85cc 45+[ ] 50+ [ ] 55+ [ ] 60 [ ] Youth( ) Supermini [ ] Female [ ] What is the highest rider classification you have held in the N.E.S.C? What year? Last riding # If you ride/rode at non-NESC events, what classification and organization(s) do/did you ride with, please explain.						
returnable copies  ***False or misleading disqualification. Rider change.  The promoters and	ates/driver's licenses are only required statements and or answers on this classification changes made within d or the New England Sports	or any other other organiz	entry or NESC for ations must be re e do not provi	rm(s) may result in rider eported in writing to the de medical insuran	suspension a N.E.S.C. with	and or in 10 days of the ge. Each
participant must provide his/her own and must show written proof of such coverage in order to be eligible to ride.  EMERGENCY INFORMATION, In An Emergency Notify:						
Name	Re	lationship		Telephone: (	)	
Address: City:			State:	Zip Code:		
I agree to conform to and comply with all rules set forth by the New England Sports Committee ("NESC") and promoting organizations. I hereby release the NESC, its officers, members, agents, representatives and officials. All events officials, and all promoting organizations and their respective members, officers and officials, the owner (s) of the premises, or any officers thereof, and 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 event sanctioned by the NESC, and I assume responsibility for all expenses for physicians, ambulances, 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 event.  Signature of rider:  This form must be notarized by all legal guardians for all riders under 18 years old						
Personally Appeared: Mother Father Guardian {Check one}						
I represent that I am	the sole guardian of above-nar	med minor	nitial here:			
	d:			ather Guardian _	{Check o	ne}
Before me this	day of	, year	SEAL			50 additional after 1/31/23
Notary Public:		<del> </del>	/ \L	Additi	ional membe	ers \$75
Signed:				Mail to	emberships o NESC PO I Berwick, M	