



**District Six Sports Association, Inc.
and Henrietta Classic Series**
Application for Motocross Competition Card and Number



Name: First _____ MI _____ Last _____

Address: _____ City _____ State _____ Zip _____

Telephone _____ Email: _____

AMA# _____ Expires: _____ Age: _____ D.O.B. _____

Last Years D6 number _____ Requested number (if available) 1st _____ 2nd _____ 3rd _____

Do you currently hold a Pro or Pro-Am license? _____

Card # issued _____ Office only

Motocross Adult Competitors must check proper classification, for advancement list check website
**Rider's age as of January 1st will determine their age for the remainder of the year

A (highest classification)	B (class preceding A)	C (class preceding B)
25+ A	25+ B/C	Women
30+ A	30+ B	30+ C
40+A	40+B/C	35/45/50+
Quad- 4 Wheel (16+ yrs.) A	Quad- 4 Wheel (16+ yrs.) B	Quad- 4 Wheel (16+ yrs.) C
Quad-4 Wheel Pro	Quad-4 Wheel Women	Quad- 4 Wheel Vet

Motocross Youth Competitors riders must check proper classification *Note
all applicants under the age of 18 must send the completed signed waiver

85cc (9-11)	85cc (12-15)	Quad- 4 Wheel Youth
65cc (7-9)	65cc (10-11)	Other
50cc (4-6)	50cc (7-8)	

Numbers are in effect January 1st thru December 31st of each year. In order to retain current D6 number, this form must be submitted prior to December 31st of the present year. Only D6 cardholders are eligible for awards in the D6 points. All riders must show their AMA cards at sign in. All competitors are responsible for their District 6 cards. No card is transferable

District 6 Sports Association
Jamie Brungart
717-274-1811
1705 East Cumberland Street, Lebanon, PA 17042
Jamie@colemanpa.com

D6 Henrietta Classic Series
Points
Jerry Fessler
717-639-5988
jfsleepv@yahoo.com

www.d6mx.org

\$20.00 fee must accompany your application and reverse side **MUST** be signed
Make \$20.00 check payable to District 6 Sports Association, Inc.

This receipt to be retained for your records and must be shown at sign-in until your card is received

Name _____ Date _____
Address _____ Type of Event _____
City _____ State _____ Zip _____ Track Name _____

NOT VALID UNLESS SIGNED _____

WAIVER: THIS IS A RELEASE AND INDEMNITY AGREEMENT

In consideration of being granted an amateur competition number and in consideration of being permitted to enter competition events sanctioned by the American Motorcyclist Association and coordinated by the District 6 Sports Association, Inc.

I hereby give up all my rights to sue or make any claim whatsoever against the American Motorcyclist Association, the promoters, sponsors and all other persons or organizations conducting or connected with this event for any injury to property or person I may suffer, including crippling injury and death, whether such injury arises while I am preparing for or participating in the event or while I am upon the event premises.

I know the risks and dangers to myself and my property while 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 any injury that I cause or receive.

I hereby certify that I assume all responsibility for all charges, premiums, and taxes. If any, payable on any funds I may receive as a result of my competitive activities, including without limitation social security taxes, unemployment insurance taxes, compensation insurance, income taxes and withholding taxes.

I understand that a District 6 card for Amateur Events is subject to American Motorcyclist Association Rules of Competition and that of the District 6 Sports Association, Inc.

It is understood and agreed that in the event I am from whatsoever cause during event authorized and operated under AMA D-6 rules, I herewith consent to and authorize first aid and ambulance service as provided by the sponsoring club or properly owners, and further to hold all parties harmless from any consequences of said aid.

I have read this application and hereby make oath and say that to the best of my knowledge and belief all statements set forth in this report are true and correct.

NOTICE, IF UNDER 18 years of age, which applies to the laws of the states of Pennsylvania and New Jersey. This application must bear the **SIGNATURE OF PARENT OR GUARDIAN**, which shall acknowledge a waiver and release of any and all claims such parent, or guardian may have.

Rider's name (print)

Parent or Guardian Signature

Rider's signature

Date

Date

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- 1. Adult Competitors** - check for your proper classification for advancement list, go to www.AMAdistrict6.com Note: All applications must send the completed waiver above.
- 2. Youth Competitors** - check your classification. Note: ALL applicants under 18 completed application, parental signed waiver and signed by rider.
- 3. \$20.00 fee must accompany this application, checks payable to District 6 Sports Association**

Mail to: Motocross Numbers
Jamie Brungart
1705 East Cumberland Street Lebanon, PA 17042
717-274-1811