



**2019 District 2 Competition Partner
Motocross Series And Competition Card Application**

Racer First Name:		MI:	Racer Last Name:	
Address:		City:		State:
Cell Number:		Email:		DOB:
AMA #	Expires:	Number Requested:	2 nd Choice:	3 rd Choice:
Pro Racers: If you provide proof that you attempted to qualify or qualified for an AMA Pro National or Supercross in the 2018 or 2019 season you will be granted a card at no charge			License #	Race #

AMA D-2 is MX Competition Partner with the American Motorcycle Association. Motocross competition cards are valid from January 1st through December 31st. Race numbers may need to change based on advancement to a higher classification. Numbers are based on racer classification for youth and adult competitors. Proof of age is to be provided for all racers, please provide at least one of the following: copy of birth certificate, copy of student ID, copy of Drivers License, copy of Military ID. Racers must be D-2 card holders and complete a minimum of 50% of races to be eligible for year end awards.

ALL YOUTH CLASS RACERS - 50cc, 65cc 85cc, Jr Mini, girls and Super Mini are youth competition classes, please **circle** YOUTH below
ALL GIRLS/WOMEN RACERS - **Circle** your classification **and** GIRLS/WOMEN below
ALL VET RACERS - **Circle** your classification **and** Vet below. You must be at least 25 year of age or older to be eligible for the Vet Class
ALL OTHER RACERS - **Circle** your classification below. **All racers under the age of 18 regardless of classification, must complete release on page 2.**

NOTE: Collegeboy and Schoolboy racers, please circle your classification below. **Beginner Class Racers** - please **circle** "C/NOVICE" below.

“A”/EXPERT “B”/AMATEUR “C”/NOVICE VET YOUTH GIRLS/WOMEN

Please Read Carefully

In consideration of being granted an amateur competition number and in consideration of being permitted to enter competition events during the year from 1/1/2019 to 12/31/2019, sanctioned by the American Motorcyclist Association and under the rules of the District 2 Promoters Group.

I hereby release and agree to hold harmless the American Motorcycle Association, the District 2 Promoters Group and its directors, officers and partners, the owners and lessees of race tracks in sanctioning races and its employees, representatives, flaggers, track officials, track maintenance personnel, including rescue operations personnel, sponsors, participants and all other persons connected or conducting events related to the District 2 Promoters group and competition partners from all liability, loss, damage or injury (including death) to my person or property, in any way resulting from or arising in conjunction with all District 2 Motocross events. This includes while engaged in competition or in practice, or preparation there for, or while entering or departing from the premise of said events, from any cause whatsoever. I know the risk and danger to myself and property while at said events, so voluntarily and in reliance, upon my own judgment and ability, and I thereby assume all risk for loss, damage or injury (including death) to myself and my property from any cause whatsoever. Medical Insurance Is The Sole Responsibility Of The Rider

I have read this release and waiver of liability, assumption of risk and indemnity agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and have signed it freely and voluntarily without any inducement, assurance or guarantee being made to me and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Rider Signature: _____ Date: _____

Along with this application please include your \$25.00 check payable to: "The District 2 Promoters Group" and mail this application to:

District 2 Promoters Group
283 Newtons Corner Road
Howell, NJ 07731

Racers 18 and older stop here. Racers and parents under 18, must complete page 2

2019 District 2 Competition Partner
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 Page 2 Youth Racers

Racers First Name:	MI:	Last Name:
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Fathers First Name:	MI:	Last Name:	
Address:	City:	State:	Zip:
Cell Number:	Email:		

Mothers First Name:	MI:	Last Name:	
Address or Same :	City:	State:	Zip:
Cell Number:	Email:		

Guardian First Name:	MI:	Last Name:	
Address:	City:	State:	Zip:
Cell Number:	Email:		

The minimum age for youth racers is 4 years old. A riders age on January 1st will determine their age for the remainder of the season. A rider may move to the next higher age class in the youth division only if they will be eligible to do so at any time during the season. Once a rider moves up to the next higher age class in AMA or NON AMA COMPETITION, they may not move back to the lower age class. Riders are encouraged to determine at the beginning of the points season/year the age class they will participate in for the points season/year. Points earned in a lower age class will not transfer to the higher age class.

A copy of the racers Birth Certificate must accompany this application.

Rider Signature: _____ Date: _____

Father/Guardian Signature: _____ Date: _____

Mother/Guardian Signature: _____ Date: _____

Subscribed and Sworn to before me this _____ Day of _____, 20_____

Notary Public: _____

My Commission Expires: _____

Please make your check payable to District 2 Promoters Group complete page 1 and 2 and mail pages them to:

District 2 Promoters Group
 283 Newtons Corner Road
 Howell, NJ 07731