



## 2007 Membership & Race License Application Form

### Instructions

- Complete all information! (Incomplete applications will be returned.)
- Make check payable to: **CMRA**
- Riders **must** sign the back of both pages.
- Return this application/medical form and payment to the address below.

**Mail to: CMRA Registration**

PO Box 57041  
2525-36 Street NE  
Calgary, AB T1Y 5T4

**Registration Hotline:**

(403) 280-3144

**All fees include GST. GST #874347271RT0001**

### CMRA Use Only

2006 Race # \_\_\_\_\_  
Date Rec'd: \_\_\_\_\_  
Amt. Rec'd: \$ \_\_\_\_\_  
Cash  Check # \_\_\_\_\_  
2007 Race # \_\_\_\_\_

### Application Type

- Associate Club Membership
- Novice Race Membership\*
- Am/Expert Race Membership\*

\* Includes CMRA Club Membership  
\* Required for CMRA Points

### License Type

- EXPERT**
- Amateur:** *Returning*
- Novice:** *New Graduate*

### Race Number

Last year's No. \_\_\_\_\_  
Application must be received by Mar 5, 2007 to retain last year's number.

Retain last year's number

Assign new number

Preferences:  
1<sup>st</sup>                  2<sup>nd</sup>                  3<sup>rd</sup>

### Fees

- |   |                  |
|---|------------------|
| <input type="checkbox"/> <b>Associate Club Membership</b> (Non-race membership only)          | <b>\$ 20.00</b>  |
| <input type="checkbox"/> <b>Novice Race Membership</b> (Membership, License, Requires school) | <b>\$ 100.00</b> |
| <input type="checkbox"/> <b>AM/EXP Race Membership</b> (Membership, License, Points)          | <b>\$ 100.00</b> |

Season Gate Ticket SETS (\$80.00 per SET of 10 tickets) \_\_\_ sets = \$ .00

*"A portion of each CMRA License goes towards your volunteers"*

**Payment Method**       Cash     Check # \_\_\_\_\_      **\$ .00**

### Other

Transponder & Pouch (**Mandatory for scoring**)      **\$ 275.00**

**Total Enclosed**      **\$ .00**

### Transponder (REQUIRED)

# \_\_\_\_\_

### Volunteer!!

**CMRA** is a volunteer non-profit association registered with the Province of Alberta. **We need your help!** If you can volunteer, & want your volunteer fees refunded, mark the categories below!

Or, call the **CMRA Hotline** at: (403) 280-3144.

- Corner Working
- Race School
- Promotions
- Entrance Gate Staffing
- Motorcycle & Mall Shows
- Year End Banquet
- Registration
- Scoring
- Race Day Cleanup
- Other: \_\_\_\_\_

### Applicant

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Prov/St \_\_\_\_\_ Postal/Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone Home: (     )     -     Work: (     )     -

Email \_\_\_\_\_

Other Licenses you have held (Organization and Year): \_\_\_\_\_

**You must complete and sign this Application/Medical Form completely if you are applying for a race license or your application will be placed on hold until one is received. You must also keep one copy of your Race License in your leathers at all times!**

**Important - All race license applicants - Read and sign all pages ⇨**

# IMPORTANT!

## RACE LICENCE APPLICANTS, PLEASE READ CAREFULLY BEFORE SIGNING

In consideration of the granting to me of a **CMRA** road race competition license by the Calgary Motorcycle Road Racing Association (hereafter referred to as the **CMRA**) and in consideration of the promotion and operation for my benefit of road race events by the **CMRA** and on consideration of the granting of permission to me to enter, use and remain on the track facilities and/or premises of which these events take place by the owners and/or representative thereof, I hereby, for myself, my heirs, personal representatives and assigns, release, discharge and agree to hold harmless and indemnify the **CMRA**, the owners and/or representatives of the aforesaid track facilities and/or premises as well as the directors, officers, agents, employees and/or members of all of them, of and from all liability, loss claims, demands and possible causes of action that otherwise accrue from loss, damage or injury (including death) to my person or property, in any way resulting from, or arising in connection with, or related to any event, and whether arising while engaged in competition or in practice or in preparation thereof, or while upon entering or departing from said track facilities and/or premises, from any cause whatsoever, including, without limitation, the failure of anyone to enforce rules and regulations, failure to make inspections, or the negligence of other persons.

I understand that motorcycle road racing competition can constitute a hazardous activity and that, by reason of my application for a **CMRA** road race competition or practice license and/or my participation in or presence at any competition event, I am assuming all hazards and risks relating thereto.

I agree that the **CMRA** may use my pictures and my name (including pictures taken at any event or pictures of my racing equipment) for any purpose in any media.

I agree to abide by the **CMRA** competition rules at the events to which they apply and to respect the authority of the race meet officials at all **CMRA** events.

I have read this application in its entirety and stipulate, under penalty of perjury, that all statistical information set forth herein by me is true and complete.

I hereby confirm, consent and agree to the foregoing.

Date: \_\_\_\_\_, 2007 Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_, 2007 Signature of Parent\*:

\* Guardian or person having legal custody of applicant

The **CMRA** reserves the right to refuse anyone a racing license for reasonable and justifiable cause.

Members acknowledge that other racing organizations will be notified of any suspension/revoked-racing license. By submitting the racing license application and/or submitting a race entry form the racer agrees to all the conditions contained in these by-laws and rulebook.

### IF APPLICANT IS A MINOR, APPLICATION MUST BE NOTARIZED

On this day personally appeared before me \_\_\_\_\_, to me known to be the individual described in and who executed within the foregoing instrument and acknowledgment that \_\_\_\_\_ signed the \_\_\_\_\_ free and voluntary act and deed, for the purpose therein mentioned.

Given under my hand and official seal this \_\_\_\_ day of \_\_\_\_\_, 2007.

\_\_\_\_\_  
Commission Expires \_\_\_\_\_

Notary Public

### REMEMBER TO INCLUDE YOUR PAYMENT.

BE SURE THAT THIS APPLICATION/MEDICAL FORM IS SIGNED ON ALL PAGES.  
MAIL TO ADDRESS SHOWN ON FRONT SIDE OF THIS FORM UNDER "INSTRUCTIONS"



## 2007 Medical Information Form

**YOUR RACE LICENCE CONTAINS YOUR HEALTH CARE NUMBER**

**For Office Use Only**

**Date Form Filed:** \_\_\_\_\_

<b>INSTRUCTIONS</b>	
<p>Please type or print legibly. Complete all information. <b><i>You must also keep a copy for your leathers with your license.</i></b> <b>An up-to-date medical form must also be on file with the registrar.</b></p>	<p>Send with membership to: <b>CMRA Registration</b> PO Box 57041 Calgary, AB T1Y 5T4</p> <p><b>Hotline:</b> (403) 280-3144 <b>Fax:</b> (403) 265-7684</p>

**Blood Type** \_\_\_\_\_

**Date of Last Tetanus Shot:**  
\_\_\_\_\_

Name		
Address		Apt. #
City	Prov / St	Postal / Zip
Home Phone ( )	Work Phone ( )	
Age	Date of Birth	

**Contact Lenses?** Yes \_\_\_ No \_\_\_

**Dentures?** Yes \_\_\_ No \_\_\_

<b>Person To Notify in Case You Are Injured:</b>		
Name		
Address		Apt. #
City	Prov / St	Postal / Zip
Home Phone ( )	Work Phone ( )	
Relationship To You:		

**Diabetic?** Yes \_\_\_ No \_\_\_

**Epileptic?** Yes \_\_\_ No \_\_\_

**List allergies to any medications:**  
\_\_\_\_\_  
\_\_\_\_\_

**Medications?** \_\_\_\_\_

<b>Recent Injuries &amp; Year You Had Them:</b>

**Health Care Number:**  
# \_\_\_\_\_

**Do you have OTHER insurance?**  
Yes \_\_\_ No \_\_\_

**Company:**  
\_\_\_\_\_

**Policy #:**  
\_\_\_\_\_

Your Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov / St: \_\_\_\_\_ Postal / Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

**Date:** \_\_\_\_\_, 2007 **Signature of Applicant:** \_\_\_\_\_

**IMPORTANT! HAVE YOU FILLED EVERYTHING CAREFULLY?**



**2007 CMRA Rider Profile**

Name \_\_\_\_\_ City \_\_\_\_\_ Prov/St \_\_\_\_\_

Plate Number \_\_\_\_\_  Nov  Am  Exp Other Licenses \_\_\_\_\_

Year Started Racing \_\_\_\_\_ Years Racing \_\_\_\_\_ Favorite Track \_\_\_\_\_

Occupation \_\_\_\_\_

<i>Current Motorcycles</i>			<i>Classes Racing</i>
Year	Make	Model	
<b>Bike 1</b> _____	_____	_____	<b>1</b>
			<b>2</b>
			<b>3</b>
<b>Bike 2</b> _____	_____	_____	<b>4</b>
			<b>5</b>

<b>Sponsors</b>	

<b>Career Highlights</b>	

<b>2007 Goals</b>	

<b>Other Hobbies</b>	



## 2007 CMRA Volunteer Signature Form

*Volunteers run the CMRA.* Members are **expected** to volunteer or provide volunteers whenever possible. Volunteering helps each rider go racing and is rewarded by the CMRA.

The **CMRA Race License** includes monies used to pay for volunteer lunches and perks, and occasionally hiring people when we have trouble getting volunteers out.

**CMRA members can volunteer and receive gate passes based on the amount of volunteering. For providing service to the CMRA a rider will receive 2 gate passes for each signature received.**

**All signatures must be received BEFORE the end of the season.**

### EXAMPLES OF ACCEPTABLE WORK

- Work a 4 hour shift at the CMRA booth at a show: **1 signature**
- Become involved in a committee (safety, marketing, executive, etc): **1 signature for each 4 hours**
- Bring a volunteer to work the track or tower on a race weekend: **1 signature for each half day worked**
- Instruct at a race or street school track day (all day): **1 signature**

The **CMRA Executive, the head of a volunteer group, or chairperson of an event, can sign forms.**

### **Deadline:** Volunteer signatures must be submitted for **BEFORE** the last race.

### 2007 APPLICANT FOR VOLUNTEER SIGNATURES

**NAME** \_\_\_\_\_

**Address** \_\_\_\_\_ **Apt.** \_\_\_\_\_

**City** \_\_\_\_\_ **Prov/St** \_\_\_\_\_ **Postal/Zip** \_\_\_\_\_

**Phone** Home (    )    -                      Work (    )    -

Job or Work Done	Date	APPROVED Signature
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____

**Signatures are NOT transferable to next year**



## 2007 Race Fee Refund Request Form

Event Date \_\_\_\_\_, 2007

### 2007 APPLICANT FOR RACE REFUNDABLE

NAME \_\_\_\_\_ BIKE # \_\_\_\_\_ DB COM # \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ Prov/St \_\_\_\_\_ Postal/Zip \_\_\_\_\_

Phone Home ( ) - Work ( ) -

### CLASSES WITHDRAWN FROM (please list all that apply):

1.

2.

3.

4.

Reason: \_\_\_\_\_ Mechanical \_\_\_\_\_ Injury \_\_\_\_\_ Other \_\_\_\_\_

### Explanation (please use detail):

Rider Signature: \_\_\_\_\_ Registrar's Initials: \_\_\_\_\_

**PLEASE NOTE: ALL REFUND REQUESTS WILL BE EVALUATED BY THE CMRA EXECUTIVE, AND REFUND CHEQUES WILL BE ISSUED AT THEIR DISCRETION.**