



Membership & Race Licence 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

cmra@roadracing.org

All fees include GST. GST #874347271RT0001

CMRA Use Only

2009 Race # _____

Date Rec'd: _____

Amt. Rec'd: \$ _____

Cash Check # _____

2010 Race # _____

Application Type

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

* Includes CMRA Club Membership
* Required for CMRA Points

Licence 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:

1st 2nd 3rd

Fees

Associate Club Membership (Non-race membership only) \$ 20.00

Novice Race Membership (Membership, Licence, Requires school) \$ 100.00

AM/EXP Race Membership (Membership, Licence, Points) \$ 100.00

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

"A portion of each CMRA Licence goes towards your volunteers"

Payment Method Cash Check # _____ \$.00

Other

Transponder & Pouch (**Mandatory for scoring**) \$ 220.00

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!

- 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 Licences you have held (Organization and Year):

You must complete and sign this Application/Medical Form completely if you are applying for a race licence or your application will be placed on hold until one is received. You must also keep one copy of your Race Licence 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 licence 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 licence 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: _____ Signature of Applicant: _____

Date: _____ 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 licence. By submitting the racing licence 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 _____, 20____.

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"**



Medical Information Form

YOUR RACE LICENCE CONTAINS YOUR HEALTH CARE NUMBER

For Office Use Only

Date Form Filed: _____

INSTRUCTIONS

Please type or print legibly.
Complete all information.

**You must also
keep a copy for
your leathers with
your licence.**

An up-to-date medical form
must also be on file with the
registrar.

Send with membership to:

**CMRA Registration
PO Box 57041
Calgary, AB
T1Y 5T4**

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

Person To Notify in Case You Are Injured:

Name		
Address		Apt. #
City	Prov / St	Postal / Zip
Home Phone ()	Work Phone ()	
Relationship To You:		

Recent Injuries & Year You Had Them:

--

Your Physician's Name: _____
Address: _____
City: _____ Prov / St: _____ Postal / Zip: _____
Phone: () _____

Blood Type _____

Date of Last Tetanus Shot:

Contact Lenses? Yes ___ No ___

Dentures? Yes ___ No ___

Diabetic? Yes ___ No ___

Epileptic? Yes ___ No ___

List allergies to any medications:

Medications? _____

Health Care Number:

Do you have OTHER insurance?

Yes ___ No ___

Company: _____

Policy #: _____

Date: _____ Signature of Applicant: _____

IMPORTANT! HAVE YOU FILLED EVERYTHING CAREFULLY?



CMRA Rider Profile

Name _____ City _____
 Prov/St _____
 Plate Number _____ Nov Am Exp Other Licences _____
 Year Started Racing _____ Years Racing _____ Favorite Track _____
 Occupation _____

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

Sponsors _____

Career Highlights _____

Goals _____

Other Hobbies _____

