

2024 New Capeway Sports Committee (NCSC) Membership Application

Please fill out on your computer and then print and mail or bring to the track

Rider Number: **Choice #1** _____ **Choice #2** _____ **Choice #3** _____
 _____ **Renewal** _____ **New Membership**

Please Print

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Cell Phone: Area Code: _____ Phone: _____

Alternate Phone: Area Code: _____ Phone: _____

Youth Age is determined by your age as of 1/1/2024 -Vets Age as of 12/31/2024

Age _____ **Birthdate** _____ **Gender** Male Female

Indicate bike size and ability level (if you ride another organization, that is your level)

Bike Brand: _____

Bike Size			Bike Type		Ability Level
_____ 50cc	_____ 150cc—Stock	_____ 250cc	_____ Shaft Drive	_____ 4 Stroke	_____ Expert - A
_____ 65cc	_____ 150cc Big Wheel	_____ 450cc	_____ 4 Stroke	_____ 2 Stroke	_____ Amateur - B
_____ 85cc	_____ 125cc		_____ 2 Stroke		_____ Novice - C

False or misleading statements and/or answers on this or any other Entry or any NCSC forms may result in rider suspension and/or disqualification. NCSC rider numbers are valid from Jan. 1st, /21 to Dec. 31st, /21. Assigned numbers are not refundable or transferable. Rider classifications changes made during activity within other race organizations must be reported in writing to NCSC.

THE PROMOTERS AND/OR THE NEW CAPEWAY SPORTS COMMITTEE DO NOT PROVIDE MEDICAL INSURANCE COVERAGE. EACH PARTICIPANT MUST PROVIDE THEIR OWN AND THEY MUST SHOW WRITTEN PROOF OF SUCH COVERAGE AT EVERY EVENT WHEN THEY CHECK IN. YOU MUST SHOW PROOF OF PROPER MEDICAL INSURANCE COVERAGE IN ORDER TO BE ELIGIBLE TO RIDE.

MEDICAL INFORMATION

Health Insurance:		Policy #:	
In Emergency Notify: _____ (Relationship)		Telephone: () _____	
Address: _____	City: _____	State: _____	Zip: _____
Current Medications: _____		Drug Allergies: _____	
Illness/Injuries in the last 12 months: _____			
Personal Physician: _____		Address: _____	
		City: _____	State: _____ Zip: _____

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I AGREE TO CONFORM TO AND COMPLY WITH ALL RULES SET FORTH BY THE NEW CAPEWAY SPORTS COMMITTEE (NCSC) AND PROMOTING ORGANIZATIONS. I HEREBY RELEASE (NCSC), ITS OFFICERS, AGENTS, REPRESENTATIVES, AND OFFICIALS THE OWNERS(S) OF THE PREMISSES, 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 (NCSC), AND AS-SUME 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 (NCSC) SANCTIONED EVENT.

Personally Appeared: _____

Before me this _____ day of _____ 2024

Notary Public: _____

Signed: _____

If under 18 years old this form must be signed by parent or guardian and notarized.

REGARDLESS OF AGE OF RIDER **THIS FORM MUST BE NOTARIZED.**

2024 Annual fee for NCSC membership is \$75.00 by mail or at the track.

All information on this form is the sole use of the New Capeway Sports Committee and shall not be disclosed or used for any other purpose without express written consent of the NCSC.

The 2024 NCSC numbers will be assigned on a first come first served basis.

To insure you get the number you want, have this form notarized, include your check for your 2024 NCSC Membership and return ASAP to:

NCSC
PO Box 2304
Abington, MA 02351