

## 2026 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 1/1/2026 -Vets as of 12/31/2026**

**Age** \_\_\_\_\_ **Birthday** \_\_\_\_\_ **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 <input type="checkbox"/>	_____ Shaft Drive	_____ Expert - A
_____ 65cc      _____ 150cc Big Wheel <input type="checkbox"/> _____ 250cc	_____ 4 Stroke	_____ Amateur - B
_____ 85cc      _____ 125cc      _____ 450cc	_____ 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, /22 to Dec. 31st, /22. 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 PREMISES, 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 ASSUME 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 \_\_\_\_\_ 2025

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.**

2026 Annual fee for NCSC membership is \$100.00 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 2026 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 2026 NCSC Membership and return ASAP to:

**NCSC**

**PO Box 2304**

**Abington, MA 02351**