

<input type="checkbox"/> NON RACE BIKE*	<input type="checkbox"/> 65 OPEN 7-12	<input type="checkbox"/> 450 C	<input type="checkbox"/> 30 A
<input type="checkbox"/> MICRO LIMITED SHAFT DRIVE ONLY 4-8 YEARS OLD	<input type="checkbox"/> 85 9-11	<input type="checkbox"/> 450 B	<input type="checkbox"/> 40 C
<input type="checkbox"/> MICRO E LIMITED (E2 ONLY) 4-8 YEARS OLD	<input type="checkbox"/> 85 12-15	<input type="checkbox"/> 450 A	<input type="checkbox"/> 40 B
<input type="checkbox"/> 50 4-6	<input type="checkbox"/> SUPERMINI 9-16	<input type="checkbox"/> OPEN C	<input type="checkbox"/> 40 A
<input type="checkbox"/> 50 7-8	<input type="checkbox"/> SCHOOLBOY 12-17	<input type="checkbox"/> OPEN B	<input type="checkbox"/> 50+
<input type="checkbox"/> 50 OPEN 4-9	<input type="checkbox"/> 250 C	<input type="checkbox"/> OPEN A	<input type="checkbox"/> 55+
<input type="checkbox"/> 65 7-9	<input type="checkbox"/> 250 B	<input type="checkbox"/> 30 C	<input type="checkbox"/> GIRLS 9-16
<input type="checkbox"/> 65 10-11	<input type="checkbox"/> 250 A	<input type="checkbox"/> 30 B	<input type="checkbox"/> WOMEN 85+

Event Date		
Date of Birth		Age
Name		
Address		
City	St.	Zip
Phone		
Insurance Co.		
Policy No.		

Riding Number	list 2 Primary Sponsors
Brand of Machine:	
Frame Number:	

NOTE: IT IS EACH RIDER'S RESPONSIBILITY TO ENTER THEIR PROPER CLASS. Entries are not refundable or transferable.

NOTE CLASS AGE RESTRICTIONS ALL RIDERS UNDER 18 COMPLETE THIS FORM.
NOTARIZED PERMIT FORM

I understand that if I am under eighteen (18) years, that this form must be signed by my parent or legal guardian and Notarized. I further understand that in order to properly safeguard the spectators, contestants, and to avoid possible mishap the New Capeway Sports Committee Referee, through the authorized Referee reserves their right to exclude any competitor or mechanic who in their judgement is not fully qualified to complete in the scheduled events. This applies to rider's abilities and/or equipment conditions as well as violation of any New Capeway Sports Committee or promoting organization rules or regulations. I agree to conform to and comply with all the rules set forth by the New Capeway Sports Committee ("NCSC") and promoting organizations. I hereby release the NCSC, it's officers, members, agents, representatives and officials, all event officials, and all promoting organizations and their respective members, officers and officials, the owner(s) of the premises, or any officers thereof, an all other riders and mechanics, form 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 events sanctioned by the NCSC, and I assume all responsibility for all expenses for physicians, ambulance, 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 of the NCSC event.

IN CASE OF EMERGENCY

I Hereby Give Permission to the Attending Physician, Physician's Assistant, Nurses, Paramedical Personnel, and Emergency Medical Technicians to secure proper treatment and hospitalize until the person below can be reached.

Phone ()		
Name		Relation
Address		
City	St	Zip
Is this person at the event?	Yes <input type="radio"/>	No <input type="radio"/>

I, _____
(Parent/Guardian Name)

give my permission for my ward _____
to participate in this event. (Name of minor child)

I understand the event officials, the event promoters, the property owners and NCSC are not responsible for any minors. I understand that I am responsible for any or all injuries to my ward and/or personal property, and all ambulance, doctor, and hospital bills and/or any other related bills that have incurred as a result of their participation in this event. I hereby relieve the event officials, the event promoters, the property owners and NCSC of any and all responsibility due to any injuries my ward, and or personal property that may be incurred during this even

Signed: (In Ink) _____
(Parent/Guardian Name)

Address: _____

City _____ State _____ Zip _____

Notary Public Seal

Notary public signature

State of: _____

County of: _____

On this: _____ Day of: _____ 20: _____

Before me personally appeared

To me known to be the person (or persons) described in and who executed the foregoing instrument, and acknowledged that they executed the same as their free act and deed.

HAVE YOU READ THIS ENTRY BLANK? _____

SIGNED (in INK, Red or Blue): _____

Make Check Payable to NCSC

NCSC Member Entry \$40.00 per class. Non Member 1 Day Membership \$10 per rider & \$40.00 per class.