



WASHINGTON MOTORCYCLE ROAD RACING ASSOCIATION

www.wmrra.com

2008 Novice New Racer School & Membership Application and Medical Form

Instructions

- Complete all information! (Incomplete applications will NOT be processed.)
- Make check payable to: **WMRRA**
- Riders **must** sign the back of both pages. (**3 signatures**)
- Return this application/medical form and payment to the address below.
- This application/medical form **must** be mailed/faxed and all signatures originals.

Mail to: WMRRA Registration

c/o Novice Application

PO Box 50074

Bellevue, WA 98015

Fax: Must Dial 1 (206) 374-2854

Registration Email Address:

NOVICE.REP@WMRRA.com

For Club Use Only

Date Rec'd: _____

Amt. Rec'd: \$ _____

Credit Cash

Check # _____

2008 Race # _____

Application Type

Novice New Racer School & Membership

License Type

New Racer

Fees

New Racer School (Membership, Classroom, & Race License)

\$ 110.00

*Does not include on-track segment. Details can be found in novice packet or at www.wmrra.com.

Novice Race License Only

\$60.00

*Must have completed a WMRRA approved New Racer School for this option.

Season Gate Pass (Valid at all Pacific Raceway events)

**_____ X
\$100.00**

Name: _____

= \$

Name: _____

.00

If you want to buy additional season gate passes list the name of the persons and enclose \$100 for each pass.

Payment Method

Cash Credit Check # _____

VISA MC Exp. Date: ____ / ____

Card Num: _____ - _____ - _____ - _____

\$.00

Signature: _____

Total Enclosed \$.00

Classroom Sessions

1st Session*

Class: March 9th

2nd Session*

Class: June 8th

**Registration Deadlines:
(postmark/fax)**

1st Session - March 1st, 2008

2nd Session - May 31st, 2008

***You must register for the
on-track segment separately.**

Volunteer!!

WMRRA is a volunteer non-profit association registered with the State of Washington for the purposes of promoting motorcycle road racing and other activities. We need your help! If you can volunteer, please mark the categories below that interest you!

Corner Working

Promotions

Registration

Tech Inspection

Newsletter

Banquet

Race Day

Scoring

Air fence

Other: _____

Membership Contact Information

Name _____ Date of Birth: ____ / ____ / ____

Address _____

City _____ St _____ Zip _____ Country _____

Home PH: () - Work PH: () -

Cell PH: () -

Email (primary): _____

Email (secondary): _____

Do you wish to be published in the **WMRRA** phone directory? Yes No

Other Licenses you have held (Organization and Year): _____

Race Bike: Year: _____ Make: _____ Model: _____

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 the Medical Form in your leathers at all times.

Important - All race license applicants - Read and sign all pages →

IMPORTANT!

ALL RACE LICENSE APPLICANTS READ THIS CAREFULLY BEFORE SIGNING!

In consideration of the granting to me of a WMRRRA road race competition license by the Washington Motorcycle Road Racing Association (hereafter referred to as the WMRRRA) and in consideration of the promotion and operation for my benefit of road race events by the WMRRRA 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 WMRRRA, 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 WMRRRA road race competition 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 WMRRRA 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 WMRRRA competition rules at the events to which they apply and to respect the authority of the race meet officials at all WMRRRA 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

WMRRRA 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 _____, _____.

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."**

WMRRA

WASHINGTON MOTORCYCLE ROAD RACING ASSOCIATION

2008 Medical Information & Treatment Authorization Form

For Office Use Only

Date Form Filed: _____

INSTRUCTIONS

Please type or print legibly. Complete all information and sign the back. Make a copy for your leathers. **An up-to-date medical form must be on file with the registrar or you will not be allowed to race.**

Send or fax with Membership application to:
WMRRA Registration
PO Box 50074
Bellevue WA 98015

Fax: Must Dial 1 (206) 374-2854
Email: NOVICE.REP@WMRRA.COM

Blood Type _____

Date of Last Tetanus Shot:

Contact Lenses? Yes ___ No ___

Dentures? Yes ___ No ___

Name		
Address		Apt. #
City	State	Zip
Home Phone ()	Work Phone ()	
Age	Date of Birth	Social Security #

Diabetic? Yes ___ No ___

Epileptic? Yes ___ No ___

List known allergies to any medications:

Next of Kin, or Person To Be Notified in Case You Are Injured:

Name		
Address		Apt. #
City	State	Zip
Home Phone ()	Work Phone ()	
Relationship To You:		

Do you have Medical Insurance?

Yes ___ No ___

If YES, List Company & Policy #

List Any Operations and What Year Done, You Have Had:

Your Physician's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____

PLEASE KEEP ONE COPY OF YOUR MEDICAL FORM IN YOUR LEATHERS AT ALL TIMES!

IMPORTANT!

READ OTHER SIDE CAREFULLY BEFORE SIGNING!

READ CAREFULLY, SIGN PART A OR PART B, BUT NOT BOTH & INSURANCE INFO.

PART A

Consent and Authorization for Medical, Hospital, and/or Dental Services

The undersigned, on behalf of himself/herself, or minor, if applicable, hereby authorizes and consents to any x-ray examination, anesthetic, medical or surgical diagnosis, or treatment and hospital care, to be rendered under the general or specific supervision and upon advice of a physician and surgeon licensed in the State of Washington or Oregon where applicable, and does hereby authorize and consent to any x-ray examination, anesthetic, dental or surgical diagnosis, treatment and hospital care, to be rendered by a dentist licensed in the State of Washington or Oregon where applicable.

I hereby confirm, consent, and agree to the foregoing.

Date: _____ Signature of Rider: _____

If the rider is a minor a signature of the parent or Guardian is required.

Date: _____ Signature of Guardian: _____
Parent, Guardian, or person having legal custody of Rider (if Minor)

PART B

Note: If you DO NOT wish to authorize emergency medical treatment per the provisions of this agreement, please sign below.

I have read and understood the above Consent and Authorization for Medical, Hospital, and/or Dental Service and decline to accept the terms and conditions thereof.

I hereby confirm, consent, and agree to the foregoing.

Date: _____ Signature of Rider: _____

If the rider is a minor a signature of the parent or Guardian is required.

Date: _____ Signature of Guardian: _____
of Parent, Guardian, or person having legal custody of Rider (if Minor)

Your future is at stake. Do not risk it without Proper Insurance!

We are all aware of the fact that every time we race we risk our lives and we risk the possibility that we could obtain substantial injuries so severe that our lives will change forever.

The medical bills alone from catastrophic injuries can approach \$500,000 to \$1,000,000. If you can't afford these kinds of bills and you either do not have health insurance or you do not have health insurance that covers racing injuries, you may not be able to have surgery that will dramatically improve your quality of life or to correct a disfigurement. It means that you might also lose everything you own and have to declare bankruptcy.

- *Do not count on NOT being injured.
- *Do not count on someone else to take care of you.
- *Be responsible.
- *Take responsibility for yourself and your loved ones.
- *Get appropriate health insurance.

You should also know that it is not enough just to have health insurance. Many policies exclude coverage for injuries sustained in events such as motorcycle racing.

You also need to know that merely because your health insurance has covered treatment expenses for past racing injuries does not guarantee that such injuries will be covered in the future.

Check your policy carefully and talk with your insurer if necessary to make sure that injuries you sustain in motorcycle racing will be covered. Don't gamble with your future.

I have received and read a copy of this document.

Date: _____ Signed: _____