

Cessnock Motorcross Club Inc

PO BOX 380, KURRI KURRI NSW 2327

cessnockmx@live.com.au

MEMBERSHIP FORM 2019

JUNIOR \$70: SENIOR \$80: FAMILY \$90: LIFE:

SURNAME		NAME	
ADDRESS			
SUBURB		POSTCODE	
EMAIL:			
PHONE:			

NAME OF RIDER	DATE OF BIRTH	BIKE #	MA LICENCE #	EXPIRY DATE

IT IS ILLEGAL TO PRACTICE ON ANY MOTORCROSS TRACK WITHOUT A MOTORCYCLING NSW PERMIT

I hereby apply for membership to Cessnock Motorcross Club Inc, and if accepted I agree to abide by the rules set down by the Club and to uphold the Constitution. The above information submitted is true and correct to the best of my knowledge at the time of signing this application.

SIGNATURE OF APPLICANT: _____ **DATE:** _____
(if applicant is under the age of 18 years then the following must be signed by a parent/guardian)

I _____ hereby consent to my son/daughter or ward to becoming a member of Cessnock Motorcross Club Inc and participating in the activities organised by the Club.

SIGNATURE OF PARENT/GUARDIAN _____ **DATE:** _____

DISCLAIMER: *the applicant, parent and/or guardian acknowledge, understand and agree that the Club and it's Officials, Members, Representatives and Land Owners are not liable in respect of any loss or damage, and any claims or demands arising from any loss or damage arising out of any injury to the applicant or the applicant's property, or resulting in the death of the signed applicant, son/daughter or ward arising out of or relating to the activities held by this Club whether caused by negligence of the Club or otherwise.*

Paid:

Date Paid: