



To register contact:

Dana Johnson
 781-258-9805
 Email: mxschool@keithjohnsonmx.com
 or sign up on the web at:
 www.keithjohnsonmx.com
 www.capewayrovers.com

Single Session School Fee: \$75.00 Per Session
 "CHECK" MUST BE SENT WITH THIS APPLICATION
 To: Dana Johnson
 212 Plymouth St.
 Pembroke, MA 02359

SS# _____ **SCHOOL** _____
DATE _____
D.O.B _____
NAME _____
ADDRESS _____
CITY _____ **STATE** _____ **ZIP** _____
PHONE DAYTIME _____
PHONE EVENING _____
INSURANCE CO. _____
POLICY # _____

I understand that if I am under eighteen (18) years of age, 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 Capeway Rovers M/C reserves their right to exclude any participant who in their judgment is not fully qualified to participate. This applies to rider's abilities and/or equipment conditions as well as violation of Capeway Rovers M/C rules or regulations.

I agree to conform to and comply with all the rules set forth by Capeway Rovers M/C ("CRMC"). I hereby release the CRMC, its 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, and all other rider's, 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 events sanctioned by CRMC, 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 in any CRMC sanctioned events.

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.

IN CASE OF EMERGENCY CALL:

PHONE: _____
NAME: _____
ADDRESS: _____
CITY: _____ **ST:** _____ **ZIP** _____
Is this Person at the Event YES _____ **NO** _____

| | |
|------------------|----------------------|
| Bike Size | Type |
| ____ 50cc | ____ Shaft |
| ____ 65cc | ____ 4 Stroke |
| ____ 70cc | ____ 2 Stroke |
| ____ 85cc | |
| ____ 100cc | Ability Level |
| ____ 125cc | ____ Beginner |
| ____ 250+ | ____ Novice |
| | ____ Amateur |
| | ____ Advanced |

ALL RIDERS UNDER 18 COMPLETE THIS FORM, NOTARIZED PERMIT FORM

DATE _____

I, _____
 (PARENT/GAURDIAN)
 give my permission for my ward

 (Name of Minor Child)
 to participate in this event.

I understand the event officials, the event promoters, and the property owners and CRMC 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 been incurred as a result of their participation in this event.

I hereby relieve the event officials, the event promoters, the property owners and CRMC, of any and all responsibility due to any injuries my ward, and or personal property that may be incurred during this event.

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

Address: _____

City: _____ St. _____ Zip: _____

NOTARY PUBLIC SEAL:
 NOTARY PUBLIC SIGNATURE

STATE OF _____

COUNTY OF _____

ON THIS _____ DAY OF _____ 200____
 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 FORM? _____

SIGNED (IN INK) _____