

CMRRA 2005

Part 1 of 4*

CALIFORNIA MOTORCYCLE ROAD RACE ASSOCIATION, INC.
29074 Tangerine Way, Lake Elsinore, CA 92530-7201
(951) 757-4869

FOR OFFICE USE ONLY Application
Rec'd: _____ Cash: _____ Check: _____ License

APPLICATION FOR "2005" ROAD RACE COMPETITION LICENSE

2005 FEE SCHEDULE: (Joining Jan. to Aug. 2005) **\$50.00**

(If joining from Sept.- Dec. 2005) **\$40.00** LICENSE EXPIRES 12/31/05

NAME: (Please Print) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

HOME PHONE: () _____ WORK PHONE: () _____

E MAIL ADDRESS: _____

DATE OF BIRTH _____

Have you ever held a Road Race Competition License Before? _____ YES _____ NO

If yes, with what organization? _____ What Class? _____

Check Racing Class(es)
Beginner _____
Amateur _____
Expert _____

Number Requested
Number Issued

***RACERS WITH "ANY" PREVIOUS ROADRACING EXPERIENCE MUST SIGN UP AS AMATEUR OR EXPERT, UNLESS OTHERWISE APPROVED.**

***BEGINNER RIDERS NOT ELIGIBLE FOR 80CC CLASS - 80CC RACERS MUST BE AMATEUR OR EXPERT!! PROOF OF EXPERIENCE REQUIRED!**

In consideration for granting to me a Competition License by the California Motorcycle Road Race Association (hereafter referred to as the CMRRA); and in consideration for the promotion and operation of road race events by CMRRA; and in consideration of the granting of permission to enter, use, and remain on the track facilities and/or premises at which these events take place by the owners and/or representatives thereof, I hereby, for myself, my heirs, personal representatives and assigns, release, discharge and agree to hold blameless and indemnify the CMRRA, it's owners and representatives of the aforesaid track facilities and/or premises, as well as directors, officers, agents, employees, sponsors and/or members of all of them and from any liability, loss, claims, demands and possible causes of action that may otherwise accrue from any 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 preparation thereof, 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 racing competition can constitute a hazardous activity and that, by reason of my application for a CMRRA Road Race Competition License and/or my participation in or presence at any competition event, I am assuming all hazardous and risks related thereto.

I agree that CMRRA may use my name and pictures, including pictures of my racing equipment and pictures taken at any event, for the purpose of publication or the media.

I agree to abide by the CMRRA Competition Rules and Regulations and to respect the authority of the CMRRA Race Officials and personnel at all events. **It is also understood that the California Motorcycle Road Race Association provides no medical insurance.**

I have read this application in it's entirety and stipulate, under the 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.

Signature of Applicant: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

or other person having **LEGAL** custody of applicant, if a minor

Read and Sign The Reverse Side - All Pages must be signed!

2005 CMRRA MEDICAL FORM - Part 3 of 3

CONFIDENTIAL MEDICAL INFORMATION AND TREATMENT AUTHORIZATION FORM
This "MUST" be completed by all CMRRA members.

NAME: _____
 Address: _____
 City: _____ St. _____ Zip _____
 Phone: () _____
 Birth Date: _____ Age: _____

PERSON TO BE NOTIFIED IN THE EVENT OF INJURY:
NAME: _____

Address: _____
 City: _____ St. _____ Zip: _____
 Phone: () _____

Relationship to you: _____

MEDICAL INSURANCE INFORMATION

Company: _____
 Address: _____
 City: _____ St. _____ Zip _____
 Phone: _____
 Policy #: _____

IT IS UNDERSTOOD THAT THE CALIFORNIA MOTORCYCLE ROAD RACE ASSOCIATION DOES NOT PROVIDE MEDICAL INSURANCE - MEDICAL INFORMATION MAY BE RELEASED TO AUTHORIZED MEDICAL PERSONEL

X _____
Riders Signature Required Here!

Please notify CMRRA if any of this information changes during the season.
YOUR DOCTOR:

NAME: _____
 Address _____
 City _____ St. _____ Zip _____
 Phone () _____

Are you CURRENTLY using ANY medications?

_____ YES _____ NO
 If YES, please list name type and dosage:

List ALL allergies to medication:

Date of your last Tetanus shot: _____

Do you wear contacts: _____ Yes _____ No

Do you wear dentures: _____ Yes _____ No

Are you diabetic: _____ Yes _____ No

Are you epileptic: _____ Yes _____ No

Please list any medical information pertinent to treatment and care of your health:

EMERGENCY TRANSPORTATION CONSENT and AUTHORIZATION for MEDICAL, HOSPITAL, and/or DENTAL SERVICES

The undersigned, on behalf of himself or minor, if applicable, hereby authorizes and consents to being transported by ambulance when deemed necessary by attending medical personnel, any X-Ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care, to be rendered under the general or special supervision and upon the advise of a physician and surgeon licensed under the provisions of the **California Medicine Practices Act**, and does hereby authorize and consent to any X-Ray, examination, anesthetic, dental or surgical diagnosis or treatment and hospital care, to be rendered by a dentist under the provisions of the **California Dental Practices Act**.

I HEREBY CONFIRM, CONSENT, AND AGREE TO THE FOREGOING:

X _____
 RIDERS SIGNATURE REQUIRED

Date: _____

X _____
 SIGNATURE OF PARENT, GUARDIAN, OR PERSON HAVING LEGAL CUSTODY OF RIDER IF A MINOR

Date: _____

If membership is for a Minor Under the age of 18 - Parent or Legal Guardian must complete a separate Minor Release Form

CMRRA Flags

GREEN: Start of the race. Also indicates the end of a caution (YELLOW) section.

YELLOW (stationary): Caution. The track is not blocked, but be alert. You MAY pass under a STATIONARY yellow flag.

YELLOW (waving): Danger. Maintain racing line. You MAY NOT PASS under a WAVING yellow flag.

RED: The race (or practice) has stopped. There is immediate danger on the race track. STOP as soon as possible and pull to the side of the track. Look for a Corner Marshal to instruct you as to when to proceed. The Corner Marshal will display a standing RED flag and wave you on with a YELLOW flag. Proceed with great caution and reduced speed to the starter, watching out for emergency vehicles on the track moving in either direction.

Note: Any rider that is the cause of a RED FLAG and needs to be attended to by medical personnel will not be allowed to continue in that race. If it is the first sprint, The Race Director must receive an "OK" from the medic for that rider to participate in the 2nd race. If the medic doesn't feel you are mentally or physically fit, then you don't race!

In addition, any motorcycle that is involved in a crash and unable to continue in that race, that motorcycle must be brought back to Tech. Inspection before being allowed back on the track. Failure to do this will result in that rider being DQ'd.

BLUE AND ORANGE: You are being lapped by the leaders. Maintain your racing line until passed by the faster riders. Any attempt to block a lapping rider will result in disqualification.

CROSSED FLAGS: Crossed WHITE and CHECKERED flags at start/finish indicate that the race is half over

WHITE: Courtesy. One more lap remains in the race.

BLACK AND WHITE CHECKERED: The race (or practice) has ended. Proceed at less than racing speed around the track to the designated track exit. Use proper signal at exit.

BLACK: Something is wrong with your equipment or you have been disqualified. Proceed around the track to the pit area and check with the starter or Race Director. (Riders violating this directive are subject to disqualification from event).

I certify that I have read and understand the flag procedures as outlined above.

Riders Signature

Date