



# 2019 LICENSE SCHOOL PRE-REGISTRATION with 2019 ANNUAL EMERGENCY CONTACT FORM INSTRUCTIONS

Pre-Registration Deadline is midnight Thursday One Full Week before the event date.

You may ALWAYS register for License School at the event.

**PRINT NEATLY.** Fill out all spaces on both the 2019 LICENSE SCHOOL PRE-REGISTRATION and the 2019 ANNUAL EMERGENCY CONTACT FORM completely. It is important that you print clearly and precisely. **Incomplete or illegible applications will not be processed until all information has been received.**

1. Enter the Date and Track initials for the License School you want to attend in the spaces provided.
2. **Applicant information:** Alternate phone # is optional, all other information is required.
  - First time applicants must attach proof of age documentation
  - If under age 18 on date application is signed you must attach the separate MINOR RELEASE FORM which is available from the CMRA office or on the Forms page of the website. **Both parent's or all guardian's signatures required on the MINOR RELEASE FORM, please contact the CMRA office if you have questions about this or any other requirement.**
3. **Bike and Riding Experience Information:** All information is required.
4. **READ THE RELEASE AND AGREEMENT.**
5. **License School Fee:** \$85 which includes all applicable practice sessions for the full day of school.
6. **PAYMENT METHOD:** "CVV2" refers to the 3 or 4-digit code on the back of your credit card and is required.
7. **2019 ANNUAL EMERGENCY CONTACT FORM:** This form must be submitted with your License School Pre-Registration. The CMRA will attempt to provide this form to emergency personnel if you are transported to a treatment facility. **One of the emergency contacts listed on this form should be a person authorized to make medical decisions on your behalf if you are unable to make those decisions yourself.**
8. Print the forms. Use 'print to fit' setting, verify that all text is visible on your printed forms.
9. Sign and date the License School Pre-Registration **and** the Emergency Contact Form. 'Electronic' signature is not allowed – you must sign the forms manually.

Applications with check or money order payments should be mailed to: **CMRA • 5900 Franklin Ave Unit 36 • Waco, Texas 76710**

Applications with credit card payments may be emailed to: [admin@cmracing.com](mailto:admin@cmracing.com)

- Email attachments must be PDF format scans of the forms and must not be embedded in the body of the email; photos of forms are not acceptable and will be rejected
- Note that email is not a secure method of transmitting credit card information.

## WHEN YOU GET TO THE TRACK FOR YOUR SCHOOL

1. Do not be late; see the event schedule on the [CMRA website schedule page](#) for gate opening and school starting times.
2. Pay the gate entry fee; sign the release at the gate and **PUT YOUR ARMBAND ON YOUR WRIST IMMEDIATELY.**
3. Go directly to the CMRA at-track Registration Office to pick-up your License School Pre-Registration package.
4. Minors **MUST** be accompanied by a parent or guardian.

**Questions?** Call 817-570-9779. Office hours are M-F, 9:00 a.m. - 4:30 p.m. Central Time. If you have any specific requests or questions, enclose a note with your forms.

# 2019 LICENSE SCHOOL PRE-REGISTRATION

The CMRA, at its sole discretion, reserves the right to refuse participation to any person for whatever reason it deems appropriate

License School is **Friday at all events, Saturday at some events, see event schedule for available dates**

School Date: \_\_\_\_\_ School Track: \_\_\_\_\_

(Junior Motard School is Friday and Saturday at all events – No Fee, No Pre-Registration required, **do not use this form.**)

**Copy of driver's license, birth certificate or other proof of age must be attached to this form**

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ (If applicant is under 18 years of age, the separate MINOR RELEASE FORM must be signed by both parents or all guardians, notarized, and attached to this application)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ E.C. Phone#: \_\_\_\_\_

Bike Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ CC: \_\_\_\_\_ Number of Years Riding Experience: \_\_\_\_\_

List Previous Riding Schools and Dates Attended: \_\_\_\_\_

## ▶▶▶ READ THIS RELEASE AND AGREEMENT ◀◀◀

**RELEASE: APPLICANT**, ON BEHALF OF HIMSELF, HIS PERSONAL REPRESENTATIVES, HEIRS AND NEXT OF KIN: (a) **RELEASES**; (b) **DISCHARGES**; (c) **PROMISES NOT TO SUE**; (d) **INDEMNIFIES**; and (e) **HOLDS HARMLESS** the following: THE CENTRAL MOTORCYCLE ROADRACING ASSOCIATION, INC. ("CMRA") OR ANY AFFILIATE OR RELATED COMPANY, MEMBER, DIRECTOR, OFFICER, EMPLOYEE, OR AGENT; and ANY RACING ASSOCIATIONS OR SANCTIONING ORGANIZATION, PROMOTERS, SPONSORS, ADVERTISERS, TRACK OPERATORS, TRACK OWNERS, OWNERS OR LESSEES OR LESSORS OF THE PREMISES, NON-CMRA OFFICIALS; and ANY PARTICIPATING INDIVIDUALS OR TEAMS, MOTORCYCLE OWNERS, TEAM OWNERS, RIDERS, PIT CREWS; and RESCUE PERSONNEL, CORNER WORKERS, INSPECTORS, CONSULTANTS, SECURITY PERSONNEL; and EACH OF THEM AND THEIR RESPECTIVE OFFICERS, DIRECTORS, AGENTS AND EMPLOYEES (All of those described in the foregoing paragraphs are hereinafter referred to as the "Releasees") FROM: ANY AND ALL LIABILITY OF ANY NATURE, WHETHER FOR PROPERTY DAMAGE OR PERSONAL INJURY INCLUDING DEATH ARISING OUT OF, CONNECTED WITH OR RELATED IN ANY WAY TO THE CONDUCT OF ANY EVENT, WHETHER OR NOT SUCH PROPERTY DAMAGE OR PERSONAL INJURY INCLUDING DEATH WAS CAUSED BY THE SOLE OR CONCURRENT NEGLIGENCE, ERRORS, MALFEASANCE, MISFEASANCE, STRICT LIABILITY, OR FAULT OF THE RELEASEES, RELEASORS OR OTHERWISE.

**AGREEMENT:** By my signature below, I hereby agree to the above terms and further agree to be bound by the 2019 Rules and Regulations (and all amendments throughout the year) and any Special Regulations of CMRA in all aspects of participation under this agreement. I certify that I have received a copy of the CMRA 2019 Rules and Regulations and that any information regarding my age, identify, and experience is true and freely given for the purpose of competing in this event. I also agree that any images, photographic or otherwise, of me or any property belonging to me or by myself or others may be used by CMRA for its purposes, whether promotional, advertising, or **other uses, without restriction.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### 2019 LICENSE SCHOOL FEE INCLUDING PRACTICE IS \$85

**PAYMENT METHOD:**  Check #: \_\_\_\_\_  Visa  MasterCard  Discover  American Express

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_ / \_\_\_\_ CV2 Code: \_\_\_\_\_

Printed Cardholder Name: \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### CMRA Use Only

Minor  Release Rec'd  E.C. Form Rec'd

Date Rec'd: \_\_\_\_\_ Date Paid: \_\_\_\_\_  Entered in Scoring System  Entered in Financial System

Pre-Registration Deadline is midnight Thursday One Full Week before the event date.

You may ALWAYS register for License School at the event.

Please see the attached Instructions for details on submitting this form.

PRINT LAST NAME: \_\_\_\_\_  
PRINT FIRST NAME: \_\_\_\_\_

2019 rev 0



Central Motorcycle Roadracing Association, Inc.

# 2019 ANNUAL EMERGENCY CONTACT FORM

The CMRA will attempt to provide this form to emergency personnel if you are transported to a treatment facility. One of the emergency contacts listed on this form should be a person authorized to make medical decisions on your behalf if you are unable to make those decisions yourself.

## INFORMATION ABOUT MEMBER

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Primary Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_

## FIRST EMERGENCY CONTACT

Relationship to Member: \_\_\_\_\_  
Name: \_\_\_\_\_  
Primary Phone #: \_\_\_\_\_ 1<sup>st</sup> Alternate Phone #: \_\_\_\_\_  
2<sup>nd</sup> Alternate Phone #: \_\_\_\_\_ 3<sup>rd</sup> Alternate Phone #: \_\_\_\_\_

## SECOND EMERGENCY CONTACT

Relationship to Member: \_\_\_\_\_  
Name: \_\_\_\_\_  
Primary Phone #: \_\_\_\_\_ 1<sup>st</sup> Alternate Phone #: \_\_\_\_\_  
2<sup>nd</sup> Alternate Phone #: \_\_\_\_\_ 3<sup>rd</sup> Alternate Phone #: \_\_\_\_\_

### ▶▶▶ **READ THIS RELEASE AND AGREEMENT** ◀◀◀

**RELEASE:** APPLICANT, ON BEHALF OF HIMSELF, HIS PERSONAL REPRESENTATIVES, HEIRS AND NEXT OF KIN: (a) **RELEASES**; (b) **DISCHARGES**; (c) **PROMISES NOT TO SUE**; (d) **INDEMNIFIES**; and (e) **HOLDS HARMLESS** the following: THE CENTRAL MOTORCYCLE ROADRACING ASSOCIATION, INC. ("CMRA") OR ANY AFFILIATE OR RELATED COMPANY, MEMBER, DIRECTOR, OFFICER, EMPLOYEE, OR AGENT; and ANY RACING ASSOCIATIONS OR SANCTIONING ORGANIZATION, PROMOTERS, SPONSORS, ADVERTISERS, TRACK OPERATORS, TRACK OWNERS, OWNERS OR LESSEES OR LESSORS OF THE PREMISES, NON-CMRA OFFICIALS; and ANY PARTICIPATING INDIVIDUALS OR TEAMS, MOTORCYCLE OWNERS, TEAM OWNERS, RIDERS, PIT CREWS; and RESCUE PERSONNEL, CORNER WORKERS, INSPECTORS, CONSULTANTS, SECURITY PERSONNEL; and EACH OF THEM AND THEIR RESPECTIVE OFFICERS, DIRECTORS, AGENTS AND EMPLOYEES (All of those described in the foregoing paragraphs are hereinafter referred to as the "Releasees") FROM: ANY AND ALL LIABILITY OF ANY NATURE, WHETHER FOR PROPERTY DAMAGE OR PERSONAL INJURY INCLUDING DEATH ARISING OUT OF, CONNECTED WITH OR RELATED IN ANY WAY TO THE CONDUCT OF ANY EVENT, WHETHER OR NOT SUCH PROPERTY DAMAGE OR PERSONAL INJURY INCLUDING DEATH WAS CAUSED BY THE SOLE OR CONCURRENT NEGLIGENCE, ERRORS, MALFEASANCE, MISFEASANCE, STRICT LIABILITY, OR FAULT OF THE RELEASEES, RELEASORS OR OTHERWISE.

**AGREEMENT:** By my signature below, I hereby agree to the above terms and further agree to be bound by the 2019 Rules and Regulations (and all amendments throughout the year) and any Special Regulations of CMRA in all aspects of participation under this agreement. I certify that I have received a copy of the CMRA 2019 Rules and Regulations and that any information regarding my age, identify, and experience is true and freely given for the purpose of competing in this event. I also agree that any images, photographic or otherwise, of me or any property belonging to me or by myself or others may be used by CMRA for its purposes, whether promotional, advertising, or other uses, without restriction.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

CMRA • 5900 Franklin Ave Unit 36 • Waco, Texas 76710 • 817-570-9779  
Alex Howard, Administrator  
Walter Walker, Director of Competition, Cell 254-717-6848