

DRIVER/ RIDER NUMBER ALLOCATED				

Event Name: Theodore State School P&C Trail Ride					Date: 13 & 14 August, 2022									
First Name:						Surna	ame:							
Date of Birth:				Age:				,	AMA Member	Number:				
Address:														
State:			City:								<b>P</b> o	stcode		
Mobile no:							Telep	ho	ne no:					
Please Circle:	MALE	/	FEM	ALE		E	mail:							
Emergency contact name:							mergei ontact							
Medical Conditions (if applicable):	•													
PAYMENT:														
					PF	RE-PAI	D	(	ON DAY	AM	A LI	C#	SUBT	OTAL

	PRE-PAID	ON DAY	AMA LIC#	SUBTOTAL
Pee Wee	\$15	\$20		
Novice	\$45	\$50		
Open	\$70	\$80		
PLUS (Choose one below)				
AMA Single Event Licence (Theodore ride only)	\$5			
AMA Single Annual Licence (PREPAY ON AMA WEBSITE)	\$55			TOTAL
AMA Family Annual Licence (PREPAY ON AMA WEBSITE)	\$110			\$

## **ACKNOWLEDGEMENTS**

I acknowledge I will be bound by the AMA Guidelines & Best Practice, Standing Regulations and all event specific rules and regulations if my application is accepted.

I acknowledge AMA requests all participants to have ambulance cover. If I do not have ambulance cover, I accept full responsibility for any medical transportation costs I may incur from injuries that may be received at this event.

I acknowledge approval of my application does not imply that I have been tested or certified to have achieved any level of competence in the operation of my motor vehicle and I accept I will be participating at my own risk

Before completing this one event membership application and or entry registration/ nomination form, please read the General Events Guideline. By completing this application and entry form, you are agreeing to abide by all details as stated overleaf in the <u>Participant Terms and Conditions</u> as well as agreeing to abide by the conditions of entry for the stated event and venue. By accepting the Terms and Condition, you also acknowledge that you have read and understood the <u>Acknowledgement of the</u> Risks of Motor Vehicle Use and Medical Section. A valid form of identification may be required on the day of the event as proof of identity.

As an entrant and or parent(s)/ legal guardian(s) of the Minor(s), I/ We can confirm that the details listed below are all true and accurate and that I/We consent to My/ Minor's entry and participation in the Event. I/ We have read and fully understand the requirements listed in the AMA Events Guideline, standing and supplementary regulations, rules and all details overleaf and agree to abide by them.							
Participant Signature:		Date:					
PARENT/GUARDIAN - PLEASE SIGN BELOW IF CHILD IS UNDER 18 YEARS OF AGE AT THE TIME OF THE EVENT							
Parent/Guardian Signature:		Date:					