

APPLICATION FOR ONE-DAY TRIAL MEMBERSHIP

This is a trial membership and may only be used for one day of competition or practice. After that, a full USA BMX membership is required. This may only be used in competition or practice by a new rider to the sport and USA BMX points are not included. (Not good at multi-point events).

I do hereby make application for membership to USA BMX, BMX Canada and the American Bicycle Association (the Sanction/ABA). I understand that any membership issued by the Sanction/ABA is a privilege to participate and not a right. The license may be revoked, suspended or otherwise rendered invalid at any time, with or without cause, by action of the Sanction/ABA, subject to the Rules and Regulations of the Sanction/ABA. I also agree that my email address will be added to a contact list for future correspondence. This information will not be shared or licensed to any third parties.

Today's Date: _____ Male Female

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____ Phone: _____ Date of Birth: _____

E-mail Address: _____

Emergency Contact: _____ Phone: _____

Member #: _____

2/22/2021 13:19

MEDICAL RELEASE - ADDITIONAL CONDITIONS

- The applicant and his/her representative agree that, in the event that the applicant requires medical or surgical treatment while under the supervision of USA BMX, BMX Canada and/or ABA personnel in connection with any sponsored activity or trip, such USA BMX, BMX Canada and/or ABA personnel may authorize medical treatment for the applicant. The applicant and his/her representative agree to pay for all medical, hospital, or other expenses which the applicant may incur as a result of such treatment.
- Pursuant to the Sanction/ABA Concussion Policy, applicant authorizes disclosure to the Sanction/ABA by any medical evaluator associated with a USA BMX, BMX Canada and/or ABA activity of any health information about applicant, related to injuries that applicant sustained during a race or other USA BMX, BMX Canada and/or ABA activity that may indicate applicant has suffered a concussion. This information will be used by Sanction/ABA in applying their post-concussion protocol procedure for purposes of determining if and/or when applicant is medically cleared to continue participating in the sport. Applicant further understands and agrees that USA BMX, BMX Canada and/or ABA may give notice to member clubs and organizers of USA BMX and/or ABA sanctioned races that post-concussion medical clearance is required before applicant returns to participation in the sport.
- As a participant in events sanctioned and/or promoted by USA BMX, BMX Canada and ABA, the applicant and his/her representative hereby grant USA BMX, BMX Canada and ABA and its legal assigns, representatives, and corporations the right and permission to copyright and/or use, publish and reuse and republish and license photographic pictures, video or audio that is or has been recorded as part or portion of a USA BMX, BMX Canada and/or ABA event, photo-shoot or related activity. This release will also allow USA BMX, BMX Canada and ABA to use the applicant's name and likeness as part of any advertising, marketing, sale of goods, or televised video production by USA BMX, BMX Canada and/or ABA or if licensed to a third party.

Rider or Parent/Guardian: X

ALL MINORS MUST HAVE SIGNATURE OF PARENT/GUARDIAN

ONE-DAY MEMBERSHIP RECEIPT

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P.O. Box 718, Chandler, Arizona 85244,
 Phone: (480) 961-1903 / Fax: (480) 961-1842

Name: _____

Address: _____

City: _____ State: _____ Postal Code: _____

Phone: _____ Date of Birth: _____ Age: _____

Begin Date: _____

Exp. Date: _____

Track Name: LINCOLN PARK BMX (1251)

Signature of Track Operator: _____

MEMBER ID:	
<input type="checkbox"/> BALANCE BIKE (M or F)	VALIDATION #:
<input type="checkbox"/> NOVICE (M or F)	BIKE #:

