

APPLICATION FOR MEMBERSHIP

I do hereby make application for membership to USA BMX and the American Bicycle Association (ABA). I understand that any membership issued by USA BMX and/or ABA is a privilege to participate and not a right. The license may be revoked, suspended or otherwise rendered invalid at any time either with or without cause by action of USA BMX and/or ABA, subject to the Rules and Regulations of USA BMX/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. **Memberships must be current through the end of the points season (December 15th) to earn rankings and awards.**

Today's Date: _____ Male Female

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date of Birth: _____ Age: _____

E-mail Address: _____ Credit membership to track: CHANDLER (1)

Emergency Contact: _____ Phone: _____

5/15/2018 18.46

PLEASE CHECK APPROPRIATE BOXES BELOW

STEP 1	<input checked="" type="checkbox"/> NEW MEMBERSHIP : Member # 00016149 7890	<input type="checkbox"/> RENEWAL : Member #
STEP 2	<input type="checkbox"/> BALANCE BIKE (MALE/FEMALE)	<input type="checkbox"/> NOVICE (MALE/FEMALE)
	<input type="checkbox"/> INTER	<input type="checkbox"/> EXPERT
	<input type="checkbox"/> GIRL	<input type="checkbox"/> PRO
STEP 3	<input type="checkbox"/> FIRST FAMILY MEMBER (includes subscription to PULL magazine!)	\$ 60
	<input type="checkbox"/> BALANCE BIKE	\$ 30
	<input type="checkbox"/> GOLD MEMBER (Email required for race history updates & includes subscription to PULL! magazin	\$ 120
	<input type="checkbox"/> SECOND FAMILY MEMBER* Member # of 1st Family Member: _____	\$ 55
	<input type="checkbox"/> THIRD & ADDITIONAL FAMILY MEMBERS* Member # of 2nd Family Member: _____	\$ 50
	<input type="checkbox"/> PRO (Social Security required for US riders) Social Security #: _____	\$ 70
	<input type="checkbox"/> PULL! MAGAZINE SUBSCRIPTION ONLY	\$ 26

*You must provide serial numbers of previous family members to allow for discounted fees. PULL! Magazine will only be sent to the first family member.

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 and ABA personnel in connection with any sponsored activity or trip, such USA BMX 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 USA BMX and ABA Concussion Policy, applicant authorizes disclosure to USA BMX and/or ABA by any medical evaluator associated with a USA BMX and/or ABA activity of any health information about applicant, related to injuries that applicant sustained during a race or other USA BMX and/or ABA activity that may indicate applicant has suffered a concussion. This information will be used by USA BMX and/or 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 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 and ABA, the applicant and his/her representative hereby grant USA BMX and/or 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 and/or ABA event, photo-shoot or related activity. This release will also allow USA BMX 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 and ABA or if licensed to a third party.

Rider or Parent/Guardian: X

ALL MINORS MUST HAVE SIGNATURE OF PARENT/GUARDIAN

Enclosed is my check for \$ _____ Please charge my VISA MasterCard American Express Discover

Credit Card Acct. # _____ Expiration Date _____ \$ _____

THIS IS YOUR TEMPORARY MEMBERSHIP CARD. YOUR PERMANENT CARD WILL ARRIVE BY MAIL.

Today's Date: _____ Track Name: CHANDLER (1)



Name: _____ Exp. Date: _____

Amount: _____

Date of Birth: _____ Age: _____

Signature of Track Operator: _____

MEMBER #: 00016149	VALIDATION #: 7890	BIKE N 149
<input type="checkbox"/> BALANCE BIKE (M or F)	<input type="checkbox"/> NOVICE (M or F)	
<input type="checkbox"/> INTER	<input type="checkbox"/> EXPERT	<input type="checkbox"/> GIRL <input type="checkbox"/> PRO

NOTE: You must submit a copy of your Birth Certificate within 30 days