



American Federation of Motorcyclists, Inc.

A CALIFORNIA NON-PROFIT CORPORATION

Member Contact Information



Information is required for license.

Your Personal Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Date of Birth: _____ Male Female

E-mail address: _____

Primary Phone: _____

Secondary Phone: _____

Emergency Contact:

This person should be able to make medical decisions for you if you are not able to do so.

Name: _____

Relationship To You: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____

Secondary Phone: _____

Medical Insurance (Required):

Company: _____

Policy Number: _____

Phone: _____

CONSENT AND AUTHORIZATION FOR EMERGENCY MEDICAL SERVICES

The undersigned consents to being given Emergency Medical Services at the scene of the emergency. Said scene shall include the trackside site of the incident causing the emergency and any first-aid or Emergency Medical Services facility located at the racing facility. The undersigned understand that such Emergency Medical Services will be rendered in accordance with and reliance on various California statutes designed to encourage the giving of Emergency Medical Services without liability for civil damages.

Signature of Applicant

I specifically assert under penalty of perjury under the laws of the State of California that I have read this release, that all information set forth herein is true and complete, and I hereby confirm, consent and agree to the foregoing.

Signature of Parent, Guardian or Person having legal custody of Applicant (if minor)