



GOZO MOTOCROSS

A S S O C I A T I O N

Tel: +356 2156 0106 Mob: +356 7927 3590 Email: gozomotocrossassociation@gmail.com
Address: 49, Civic Council Street, Victoria - Gozo

APPLICATION FOR RIDERS OF AGE 18 YEARS OR UNDER

As everyone knows the motocross sport is dangerous so it is very important that all drivers think carefully about the risks they are taking whenever they compete. Everyone shall be aware that during practice runs, as well as during the competitive races, there's always a high risk of serious and fatal accidents.

As the sporting competition often leads to high speed and velocities between drivers, one should be aware of the dangers that can arise.

Each driver competing in any motocross event is doing so at his/her own risk.

While the organizers try to offer the safest possible environment with all precautionary measures, every driver should be responsible enough to abide by regulations issued by the association and drive cautiously and carefully.

Drivers should recognize that if any incident, the organizers shall not be held responsible.

DECLARATION

(Cross out the wrong answer)

I accept that my son/daughter competes in this sport **Yes / No**

I understand that whenever my son/daughter competed, an adult (preferably parent/guardian) shall be present **Yes / No**

I accept that a parent/guardian has the authority to sign any necessary documentation **Yes / No**

Us parents/guardians, along with our son / daughter, have read and understood this document and also understand all the risks that this sport brings. We understand with clarity the danger which this sport includes.

In this regards, we confirm that:

- The child does not suffer from any medical condition, disability, physical and / or mental abilities that could be dangerous for him / her when participating in races.
- We accept that we, along with our child, have read and understood this document with great responsibility.



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- We, as parents, believe that the child has the necessary level of racing competitiveness for his level
- We understand that when my son / daughter participates in this sport, is putting him/herself at risk
- We understand and accept that this application may be used during an argument as evidence of a serious accident that could happen
- We accept that the participation of my son / daughter in this sport is entirely his/her responsibility and is doing so at his/her own risk.

APPLICATION

Name of Rider: _____

Date of Birth: _____

ID card no.: _____

Address: _____

Mobile Number (Rider): _____

Mobile Number (Parent/Guardian): _____

Home Telephone Number: _____

Sport in which the minor will be participating: _____

Rider Number: _____ Type of Dirt Bike: _____ Engine (cc): _____

	Signature	ID Card
Name of Rider		
Name of mother/female guardian		
Name of father/male guardian		

(Together with this application, applicants must present a copy of the identity card/document of the parents/guardians from the front and back).

(FOR OFFICE USE ONLY)

Date of Application: _____

Name of Official: _____

Signature of Official: _____