

2025 New England Sports Committee Moto-X Application

CLASSIFICATION

TRANSPONDER#

RIDER #



Renewal _____ 2024 RIDER # _____ WRITE TRANSPONDER NUMBER ONLY IN BOX ABOVE

New Applicant _____ Number Preferences _____ Fees: \$75 by 1/31/2025 additional members \$50 by 1/31/25
Membership after 1/31/2025 \$100, additional members \$75, All memberships at Tracks \$100 no discounts Mail to
NESC PO Box 609 N. Berwick, ME 03906

To retain your 2024 number proper forms and fees must be postmarked by January 31, 2025.

Note: Membership fees do not include the transponder. All members must provide us with the Mylaps number before we process your application. If you do not own a transponder you must order one at www.mylaps.com. You must have one to ride with NESC. If you own a Flex, X2 or TR2 transponder, be sure you have it activated before your first race. **We do not rent transponders to members.**

ALL FORMS WITH MISSING OR INCOMPLETE INFORMATION WILL BE RETURNED UNPROCESSED.

PLEASE PRINT (We must be able to read all information on this form)

First Name _____ Middle Initial _____ Last Name _____

Mailing Address _____ City _____

State _____ Zip Code _____ Date of Birth(mo/day/yr) _____ Bike Brand _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

CHECK RIDING CLASS(ES)

What is your rider classification?
[] Pro Expert [] Expert{A} [] Amateur{B} [] Novice{C} [] Youth/Vet A 50cc [] 65cc [] 85cc [] Supermini []
[] Youth/Vet B [] Youth/Vet C [] Female [] 50cc [] 65cc [] 85cc 250 [] 450 [] 25+ [] 30+ [] 40+ []
45+ [] 50+ [] 55+ [] 60 [] Youth [] College boy [] Female []

What is the highest rider classification you have held in the N.E.S.C? _____ What year? _____ Last riding # _____

If you ride/rode at non-NESC events, what classification and organization(s) do/did you ride with, please explain.

***All youth riders (17 and under) will be assigned numbers followed by a "y". You must use the "y" as part you're your number. Some vet riders will have a "V" assigned as part of their number. Y's and V's must appear on your bike plates. If your NESC card has a letter after the number, then you MUST use it.**

****Copies of birth certificates/driver's licenses are only required for new applicants to the N.E.S.C. for 2025 who did not join in 2024. Please send only non-returnable copies.**

*****False or misleading statements and or answers on this or any other entry or NESC form(s) may result in rider suspension and or disqualification. Rider classification changes made within other organizations must be reported in writing to the N.E.S.C. within 10 days of the change.**

The promoters and or the New England Sports Committee do not provide medical insurance coverage. Each participant must provide his/her own and must show written proof of such coverage in order to be eligible to ride.

EMERGENCY INFORMATION, In An Emergency Notify:

Name _____ Relationship _____ Telephone: () _____
Address: _____
City: _____ State: _____ Zip Code: _____

I agree to conform to and comply with all rules set forth by the New England Sports Committee ("NESC") and promoting organizations. I hereby release the NESC, its officers, members, agents, representatives, and officials, all events officials, and all promoting organizations and their respective members, officers and officials, the owner (s) of the premises, or any officers thereof, and other riders and mechanics, from any and all liability, loss, damage, costs, claims and or causes of action, including but not limited to all bodily injuries and property damage arising out of my participation in any event sanctioned by the NESC, and I assume responsibility for all expenses for physicians, ambulances, hospitals and other medical expenses and any other loss or injury to me and or personal property which I may sustain by reason of my participation in any NESC sanctioned event.

Signature of rider: _____

This form must be notarized by all legal guardians for all riders under 18 years old

1. Personally Appeared: _____ Mother _____ Father _____ Guardian _____
(PRINT) (SIGN) {Check one}

I represent that I am the sole guardian of above-named minor Initial here: _____

2. Personally Appeared: _____ Mother _____ Father _____ Guardian _____
(PRINT) (SIGN)

PRINTED NAME OF MINOR PARTICIPANT _____ DOB _____

Subscribed and Sworn to at; _____ Before me this _____ day of _____, year _____

Notary Public Signature _____

SEAL

Printed Name of Notary: _____