

Nunawading and District Moto Cross Club

www.ndmx.com.au

Cnr Burwood Highway & Morack Road, Vermont South Tel: (03) 9887 4788

Membership queries: 0458 049 001

APPLICATION FOR 12 MONTH ANNUAL MEMBERSHIP

Return this application to:

Track Canteen upon your next visit. Please ensure you retain your receipt pending processing of your membership card.

Post to; NDMX Membership Secretary, PO Box 2022 Mountain Gate, 3156

Please include:

1 passport size (head shot) photograph for **every rider** with name on back.

Ensure you have indicated the roster duty of your choice

Ensure both sides of application have been signed where appropriate

Cheque/money order made payable to: N. D. M. C. C.

Your card will be posted to you upon completion.!

WARNING: This is an important document which affects your legal rights and obligations. Do not sign it unless you are satisfied that you have been given sufficient information about its contents.

I/We hereby apply for the following membership. Please circle one of the following: **FAMILY / SINGLE**

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

I/We understand and agree that:

I/We have read and understand the Rules and Regulations of the Club and agree to abide by these Regulations and Rules (A copy can be downloaded from the website). I am aware of all the "on site" notices and agree to observe same.

I/We understand that the rider and/or his/her parents/guardians are members of a recognised Ambulance Service or are insured against ambulance transportation costs. I understand and agree that the club, organisers and/or it's agents attending an injured rider may, at their discretion, call for an ambulance and the rider/parent/guardian named on the form will bear all associated costs.

I/We do not hold responsible in any way, and will make no claim against the Club or any of it's Members or Committee Members for any injuries to either person or property incurred by me/us while on any property under the control of the Club.

I/We hereby assume full responsibility for any risk or bodily injury, death or property damage incurred by me/us while on any property under the control of the Club whether caused by negligence of the Members or Committee members or otherwise.

I/We hereby acknowledge that motorcycling is a dangerous sport and involves the risk of serious injury and/or death and/or property damage.

I undertake to perform duties as delegated to me by the Club on riding days as required (Please tick on box overleaf for preferred duty time).

I/We agree that non-performance of such duties cancels membership for applicants herein along with any penalties determined by the Club.

I/We understand that a FAMILY membership ONLY covers either or both parents/guardians and the child/children of either or both parents/guardian living at the same address (IE: "family home"). If a rider is over 18 and living away from the family home then a single membership must be purchased for that rider.

I/We understand that at times photographs may be taken of members on this application and remain the property of the club to use at its discretion.

I have read this release and waiver of liability, assumption of risk and indemnity agreement and I fully understand its terms, and understand that I have given up substantial rights by signing it.

Name: Signed: _____ **Date:** _____

Either parent / legal guardian or applicant if over the age of 18 years must sign the above.

NUNAWADING & DISTRICT MOTOCROSS CLUB ANNUAL MEMBERSHIP APPLICATION

THIS MEMBERSHIP IS VALID FOR 12 MONTHS FROM DATE OF PURCHASE

PLEASE CIRCLE: Family: \$180* Single: \$150*

*This includes a \$50 bond which will be returned to parent/guardian or rider (if over 18) on completion of track duty.
You or your representative must complete a half day per year or your membership will be suspended and loss of \$50 bond will be imposed. Future membership renewal may also be denied at the discretion of committee.

Membership cards must be presented upon sign in. NO CARD = NO RIDE

Please show your receipt until you receive your membership card.

Your membership card will be posted to you upon completion

APPLICANT DETAILS

please print clearly

SURNAME: _____

ADDRESS: _____

SUBURB: _____ POSTCODE: _____

HOME PHONE: _____ MOBILE: _____

EMAIL: (case sensitive) _____

RIDER DETAILS

please include details of all riders

Surname	First name	Date of birth	Bike size	Bike No	NDMCC use
		/ /			
		/ /			
		/ /			
		/ /			
		/ /			
		/ /			

Are all riders members of Ambulance Victoria?

please circle YES / NO*

*NDMCC recommends riders are Ambulance Victoria members as it is to the discretion of committee member on duty to call for an ambulance in case of injury. An ambulance WILL be called for all suspected head & neck injuries.

Emergency contact in case of injury

Contact Name: _____ Mobile: _____

Relationship to rider _____

Track duty please circle your preference:

Saturday (AM) 9:30-12:30

Saturday (PM) 12:30-4:30

Sunday 12-4

Preferred date: / / (or we may allocate a date for you) Do you compete in MA events? YES / NO

Signature of applicant*

Print name: _____ Sign: _____

Date: / /

*if rider is under 18 parent or legal guardian must sign below:

Parent / Legal Guardian print name: _____

Parent / Legal Guardian sign: _____

N.D.M.C.C. Use only:

Date: _____ Payment \$ _____ Receipt # _____

Payment type: _____ Cheque details: _____

EXPIRES:

(12 months from purchase)