USCRA Membership Form Please complete, sign and return form with payment to the address below





PLEASE PRINT CLEARLY	Please check one: New Member L. Renewal L.
Name:	Age:
Address:	
City or Town:	State: Zip Code:
Phone: Home: ()	Mobile: ()
Race Number: 2nd Option: 3rd Option: _	Email:
Medical Insurance Information (Optional, for active event participle Please note: PARTICIPATION IN ANY/ALL USCRA EVENTS REQUIRES	•
Insurance Company:	
Subscriber's Name:	
Policy Number:	
Emergency Contact Information:	
Name:	Phone: ()
Address:	Relationship:
Would you be interested in volunteering with the USCF	RA? YES
USCRA membership fee is: \$60 US , Please make checks payable to: USCRA Completed membership forms can be mailed to: Eve S	Stein, 5 Brook Bend Place, Oakdale, Ct. 06370
RELEASE & INDEMNITY AGREEMENT - READ BEFORM I hereby relinquish and knowingly surrender all my rights to sue or make of (USCRA), New Hampshire Motor Speedway (NHMS), New Jersey Motorspotemployees, volunteers, and all other persons, participants, or organizations or property I may suffer, including, crippling injury or death, whether such in USCRA at any prescribed premises, and, relying upon my own judgment are such costs to those persons or organizations connected with any USCRA emotors to those persons or organizations. Every participant assume with motorcycle racing, including injury and death.	laim whatsoever against the United States Classic Racing Association orts Park (NJMP), Canaan Motor Club, the promoters, sponsors, instructors, is conducting or connected with any USCRA event for any injury to person injury arises while participating in any events or activities produced by the and ability, I assume all such risks of loss and hereby agree to reimburse all event for damages incurred as a result of my negligence.
SIGNATURE:	DATE:
All USCRA races are American Motorcyclist Association (AMA) sanctioned. YOU MUST BE A CURRENT AMA MEMBER TO PARTICIPATE IN USCRA	ROAD RACING EVENTS. Updated 07.20 SANCTIONED