**Walton Trans Can**

**Amateur National**

**“West Coast Team Registration”**

**Rider Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | | Phone: | |
| DOB: | | Sex (M or F) : |  |
| Address: | | City : | |
| Province: | Zip Code: | | |
| Emergency contact name & number: | | | |
| Have you attended Walton before? Yes or No | | | |
| Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Will you be accompanied by an adult Yes or No | | | |
| Closest Airport: | | | |

**Rider Information**

|  |  |
| --- | --- |
| Riders # | Make and model of Motorcycle: |
| Riders Number (race #) | Cell Phone: |
| Sponsors: | E-mail: |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Package Pricing & Info** | **Registration Fee** | **Entry**  **Fees** | **Camping Fee** |  | |  | | **Total** |
| Rider Package | $3500.00 | 0.00 | 0.00 |  | |  | | $ |
| Additional Person | $1000.00 | 0.00 | 0.00 |  | |  | | $ |
| Additional Person | $1000.00 | 0.00 | 0.00 |  | |  | | $ |
|  |  |  |  |  | |  | |  |
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|  |  |  | Total: $ |  | |  | |  |
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I, the parent/guardian of the above named child for a position on the West Coast MX Team, hereby give my approval to participate in any and all Team activities, including transportation to and from the activities. I know that participation in motocross may result in serious injuries, and protective equipment does not prevent all injuries to riders, and do hereby waive, release, absolve, indemnify, and agree to hold harmless Kyle Beaton, Kourtney LLoyd, the organizers, sponsors, supervisors, participants and persons transporting my child whether result of negligence or for any other cause. I agree that my child may be required to help around the pit and lodging area. Drugs and alcohol will not be permitted and if rider is using either will be immediately removed from the program.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_