



**Edmonton Motorcycle Roadracing Association**

**2009 Club Membership Application**

<b>Applicant Information</b>			
First Name		Last Name	
Address		City	
Province		Postal Code	
Home Phone		Work Phone	
email		DOB yyyy/mm/dd	
Health Care Provider		Health Care Number	
Other Health Info (ex allergies, medication, etc)			

<b>Emergency Contact Information</b>			
First Name		Last Name	
Relationship of Emergency Contact			
Address		City	
Province		Postal Code	
Home Phone		Work Phone	

<b>Motorcycle Roadracing Information</b>			
Race School & Date		Race Experience	
Racer Classification (Novice/Intermediate/Expert)		Transponder # (4 digit)	
Competition License #		Lic. Granting Org.	
Bike #			
Race Bike(s)			
Sponsors			

**CONSENT AND AUTHORISATION FOR EMERGENCY MEDICAL SERVICES**

The undersigned consents to being given Emergency Medical Services at the scene of an emergency, said scene shall include the trackside site of the incident causing the emergency and any first-aid or Emergency Medical Services facility located at the racing facility.

THE UNDERSIGNED UNDERSTANDS THAT ONLY EMERGENCY MEDICAL SERVICES AND FIRST-AID TREATMENT WILL BE PROVIDED AT THE TRACK SITE AND CONSENTS TO RECEIVING SUCH TREATMENT, AND TO BEING TRANSPORTED TO AN ACCREDITED MEDICAL FACILITY IF NECESSARY FOR ANY ADDITIONAL TREATMENT.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Guardian / Parent

\_\_\_\_\_  
Date

For office use: Paid : _____
Date Approved : _____
EMRA Member # : _____

**Submit form and \$35 to: Edmonton Motorcycle Roadracing Association  
PO Box 1304 Main, Edmonton, Alberta. T5J 2M8**