**Paper entries**

Paper entries mail to: **BMXNSW: PO Box 1019 Meadowbank NSW 2114**

**NOTE:** Paper entries must be received by the Friday before close of entries.

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Event Name:

Member’s Club:

Member’s Email: Phone:

Return mailing address:

W

# **Rider Details** *– use multiple forms if insufficient space (staple together)*

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***Note: interstate riders – must enter online***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Rider’s name* | *M/F* | *Plate No:* | *Class* | *Ride age 31/12/16* | *Date of Birth* | *Transpondr Number* | *Lic No:* | *Fee ($)* |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| ➌ |  |  |  | ***Transponder must be MYLAPS Cycle ProChip or Flex*** |  |  |  |  |

# **Payment Details**

|  |  |
| --- | --- |
| Cheques/money orders payable to **BMXNSW** Enclosed is Cheque/Money Order (no cash in the mail please) for:➍ | **$** |

# **WORKERS (yes, we need your help please)**

**Office Use Only**

Cheque No:

Amount:

Date:

Please put your name and position that you can work

|  |  |  |
| --- | --- | --- |
| *Worker name* | *Position* | ***Official Level*** |
|  |  |  |

➎

|  |
| --- |
| **Disclaimer:** MAKE SURE YOU READ AND UNDERSTAND THIS, THEN SIGN ITBy entering this event I, for myself and for my heirs, personal representative and assign, do hereby release and forever discharge the controlling bodies, organisers, officials, members property owners, employees and any person, firm or corporation charged with the responsibility or liability from all or any claims, demands, cost expenses, loss of service and any other actions arising from any act or occurrence and particularly on account of ALL PERSONAL INJURY, DISABILITY, PROPERTY DAMAGE OR LOSS OF KIND that I may hereafter sustain as a result of participation in any event, as a competitor or spectator conducted by any club or organisation affiliated with the official controlling bodies of BMX in New South Wales. I fully understand the nature of the activities to be conducted and acknowledge the hazards of the said activities. I voluntarily assume the risk of injury to my person, property and the property of others. In the event of any injury I hereby give consent for proper medical treatment to be administered.I, and those in my company, further agree to comply with and be bound by the Code of Behaviour as it relates to riders, parents, spectators and officials. I am also aware that any photographs, still or moving, that may be taken during the event may be published and used for publicity and promotional purposes. Rider signature (or guardian if under 18): Date: |