MEMBERSHIP APPLICATION 2023 OKLAHOMA STATE CHAMPIONSHIP SERIES

MEMBERSHIP FEE \$25.00 (PLEASE PRINT LEGIBILY)

| RIDERS NAME | | | |
|--|--------------------|------------------------|------------------------------------|
| | Last | First | MI |
| DATE OF BIRTH | | AGE | # OF YEARS RACING |
| | MM/DD/YYYY | | |
| MAILING ADDRESS | š | | CITY |
| STATE | ZIP | HOME PHONE | () |
| EMAIL | | | SHIRT SIZE |
| HAVE YOU PREVIO | OUSLY RACED TH | HE OSCS? YESN | OWHAT CLASS(ES) |
| I UNDERSTAND THAT T | HE OKLAHOMA STA | TE CHAMPIONSHIP SERI | ES (OSCS), THE LAND OWNERS, |
| | | | A STATE CHAMPIONSHIP SERIES ARE IN |
| | | | OR LOSE OF PROPERTY. I KNOW THAT |
| | | | RIGHTS TO SUE OR MAKE CLAIM FOR |
| | | | VER AGAINST THE LANDOWNER, |
| | | | HAMPIONSHIP SERIES, EMPLOYEES |
| | | | ATIONS CONDUCTING OR CONNECTED |
| | | | |
| | | | R, INCLUDING CRIPPLING INJURY OR |
| | | | SCS EVENTS AND WHILE ON THE |
| | | | BILITY, I ASSUME ALL SUCH RISKS OF |
| | | | RSONS OR ORGANIZATIONS |
| CONNECTED WITH THE | COSCS FOR DAMAGE | ES INCURRED AS A RESUL | T OF MY NEGLIGENCE. |
| | | Lenvoyavvn arroya nor | C VOT DDOLVDE DVDED LANDA |
| | | | S NOT PROVIDE RIDER MEDICAL |
| INSURANCE. MY PAREN | IT/GUARDIAN OR I A | M RESPONSIBLE FOR MY | OWN HEALTH/ACCIDENT INSURANCE. |
| | | | |
| | | | ERSTAND AND AGREE WITH THE |
| | | | THAT I HAVE READ AND UNDERSTAND |
| THE OSCS RULES AND A | AGREE TO ABIDE BY | ALL RULES CONTAINTED | D THEREIN. |
| | | | |
| RIDER'S SIGNATURE | | | DATE |
| PARENT/GUARDIAN S | SIGNATURE *MUS | T BE SIGNED IF RIDER | IS UNDER 18 YEARS OF AGE* DATE |
| | | | |
| Check or Money ord | der should be Pay | yable to OSCS. \$25 p | er Membership. |
| | | | |
| MEMBERSHIP # | (TO BE AS | SIGNED BY OSCS PE | RSONNEL) |
| | | | R CARD WILL BE AVAILABLE |
| FOR PICK UP AT THE NEXT OSCS RACE THAT YOU ATTEND. | | | |