

SPRING FORTH 2023

CMA North Central Region Youth Rally

May 12-14 – Grant County Fairgrounds – Lancaster, WI

Registration

Name: _____

Address, City, State, ZIP: _____

Age: _____ Gender: F ___ M ___ CMA # (If applicable): _____ T-Shirt Size (circle one): S M L XL 2XL 3XL

Email: _____

Phone/Cell: _____

Release & Authorization for Medical Treatment – All Attendees Must Provide a Signed Release

By signing below, the participant or parent/guardian of their minor participant acknowledges and accepts the risks of physical injury associated with participation. Except for gross negligence on the part of the sponsor, the participant and parent/guardian accepts personal financial responsibility for any bodily or personal injury sustained during the activity. Further, the participant and parent/guardian promise to hold harmless the sponsoring organization and its representatives for any injury related to the activity. If a dispute over this agreement or any claim for damages arises, the participant and parent/guardian of the participant agrees to resolve the matter through a mutually acceptable arbitration process. The undersigned participant or parent/guardian also authorizes the Christian Motorcyclists Association Youth Movement Staff to secure medical treatment for me/or my child in case of any illness or accident. I waive and release Christian Motorcyclists Association and its principals, organizers, sponsors, and their representatives and successors, from present and future claims and liabilities of any kind, known or unknown, arising out of my/my child's participation in this event or related activities, even though such a claim or liability may arise out of negligence or fault on the part of any of the foregoing persons or entities. I grant permission to the foregoing persons and entities to use or authorize others to use any photographs, motion pictures, recordings, or any other record of my participation in this event or related activities for any legitimate purpose without remuneration. I authorize Christian Motorcyclists Association Youth Movement Staff to inspect and/or search my/my child's personal belongings.

X

Signature of ATTENDEE or PARENT/GUARDIAN (if 17 or younger)

Relationship

Date

Emergency Contact

Parent(s)/Guardian: _____

Phone: _____ Alternate Phone: _____

Other Emergency Contact in Case You Can't Be Reached:

Name: _____ Relationship: _____

Phone: _____ Alternate Phone: _____

Health Information – All Fields are required to secure health treatment in case of emergency

Will medications be taken during the event? Y ___ N ___ (If yes, event leaders will know to be aware and provide reminders as necessary)

Any Allergies We Should Be Aware Of? _____

Medical Insurance: _____ Policy #: _____ Group #: _____

**PLEASE SEND PAYMENT & COMPLETED REGISTRATION TO NAME/ADDRESS BELOW, POSTMARKED BY APRIL 23rd
PRICE INCREASES TO \$15 IF RECEIVED AFTER THAT DATE**

(Please make checks payable to CMA Treasurer of Wisconsin and Send in Addressed to Wendy Meis)

W2770 Pine Road

Eleva WI 54738

Any Questions Contact Jan Reed 715-220-5298