

# SPRING FORTH 2022

## CMA North Central Region Youth Rally

May 13-15 – 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)

**Jan Reed**

**1336 S Assembly Road  
Grantsburg, WI 54840**