



Registration Form

(Please fill out all fields)

| (1 rease) in our anyteras) | | |
|----------------------------|--|--|
| Basic Information | | |
| • | Full Name (First Name, Last Name): Date of Birth: / / Gender: □ Male □ Female □ Other Nationality: | |
| Conta | nct Information | |
| • | Phone Number:Email Address: | |
| Rider | Details | |
| • | Team Name (if applicable): Rider Number (if assigned or preferred): Experience Level: Beginner Intermediate Expert Categories/Classes (check all that apply): Super Mini Junior Mini Junior Junior Atv-Pro | |
| ATV/ | Vehicle Details | |
| • | ATV Make and Model: | |

| Emergency Contact Information | |
|--------------------------------------|---|
| • | Emergency Contact Name: |
| • | Emergency Contact Name:Emergency Contact Phone Number: Relationship to Rider: |
| | Relationship to Ruci. |
| Event | t Participation |
| • | Championship Event(s) (check all that apply): |
| | ☐ Godzilla MX Track Ruse |
| | □ Добрич □ Никопол |
| • | Preferred Starting Position (if applicable): |
| Healt | h and Safety |
| • | Medical Conditions (optional): |
| • | Blood Type (optional): |
| • | Consent to Medical Treatment: □ I agree |
| Waive | ers and Permissions |
| • | Acknowledgment of Risk and Liability: □ I agree |
| • | Photo/Video Release Agreement: I agree |
| | |
| Addit | ional Notes |
| • | Comments or Special Requests: |
| | |
| | |
| | |
| | |
| Signat | ture: |
| Date: | // |
| | |