



Team Phoenix Racing/PhoenixRacers.com  
2105 SE 9th Street  
Moore, Oklahoma 73160

Application for Membership

Please check the category that applies to you:  New Member  Previous Member of TPR. Year? \_\_\_\_\_

Are you an Oklahoma resident?  Yes  No

Complete the following information: (Please print)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Are you currently a member of any other USAC club(s)?  Yes  No

If yes, name of club(s): \_\_\_\_\_

Are you currently a licensed USAC rider?  Yes  No

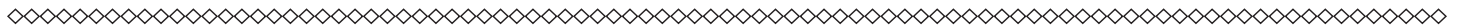
If yes, list your categories and license #:

Road: Cat: \_\_ License #: \_\_\_\_\_ MTB: Cat: \_\_ License #: \_\_\_\_\_

Copy of license attached?  Yes  No USAT: Age group: \_\_\_\_\_ License #: \_\_\_\_\_

Cost of Membership \$35.00 for the current year.

Membership fees are due on January 1st, or with the completion and return of this application.



**AGREEMENT AND RELEASE OF LIABILITY**

I acknowledge that cycling is an inherently dangerous sport in which I participate at my own risk and that Team Phoenix Racing is formed to advance the sport of cycling, the efforts of which directly benefit me. I hereby on behalf of myself, my heirs, assigns and personal relatives, waive, release and forever discharge Team Phoenix, it, employees, agents, members, sponsors, promoters, and affiliates whosoever from any and all liability, claim, loss cost or expense arising from or attributable in any legal way to any action or omission to act of any such person or organization or execution of any bicycle racing or sporting event, including travel to and from such event, in which I may participate as a rider, team member or spectator. I also agree to wear a helmet whenever I am riding any bicycle while a member of Team Phoenix. If my application is accepted, I will also uphold the terms of the contract.

To the best of my knowledge I have no physical condition, which would interfere with my ability to participate in or attend any such event or would endanger my health hereby. I will consult a physician before participating in an exercise program.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_