

USCRA Membership Renewal



Renew your USCRA membership: (with or without a race endorsement)

Name: _____ Age: _____

Address: _____

City or Town: _____ State: _____ Zip Code _____

Country: _____

Phone Home: () _____ Mobile: () _____

Email: _____

Race number: _____ Team: _____

Emergency Contact:

Name: _____ Phone: _____

Medical Insurance: _____ Allergies: _____

Note: If you are a volunteer or wish to volunteer for an event, please contact Shane Rivet or any director
directors@race-uscra.com

I have read and understood the rider requirements and code of conduct rules listed under section 4 of the USCRA rules book. In the event of an accident I hereby grant permission of release to the race director to obtain any and all medical information from emergency personal ambulance responders or otherwise.

Signature: _____ Date: _____

Mail a check in the amount of \$40.00 to :

USCRA Membership & Registrations
5 Brook Bend Place
Oakdale, Ct 06370
email:registrations@race-uscra.com



Don't forget to renew your **AMA** membership

