

## Non - RiderNet Profile Participant Sign On Sheet



										MOTORCYCLI A U S T R A L	ING I A	
	Participant Declaration			Permit Number				Date				
	I THE UNDERSIG	Location										
	THE TERMS AND CONDITIONS AS STATED.  *I acknowledge that it is my responsibility to only participate if I am fit and able to do so, and if my machine and riding apparel are fit for purpose.  *I the undersigned acknowledge that I am responsible for the cost of an ambulance should my membership not be current.			Promoter/Club								
				Phone Number								
1	First Name	Last Name	Signature	Date of Birth	M/F	Phone Number	Name of Emergency Contact	Emergency Contact Number	Emergency Contact Relationship	RPA Levy	PA Insurance (Compulsory)	Total Amount Pa (Levy + Insuranc
	Address			Post Code	State	Suburb	Email A	Email Address				
2	First Name	Last Name	Signature	Date of Birth	M/F	Phone Number	Name of Emergency Contact	Emergency Contact Number		RPA Levy	PA Insurance (Compulsory)	Total Amount Pa (Levy + Insuranc
	Address			Post Code	State	Suburb	Email Address					
3	First Name	Last Name	Signature	Date of Birth	M/F	Phone Number	Name of Emergency Contact	Emergency Contact Number		RPA Levy	PA Insurance (Compulsory)	Total Amount Pa (Levy + Insuranc
	Address			Post Code	State	Suburb						
4	First Name	Last Name	Signature	Date of Birth	M/F	Phone Number	Name of Emergency Contact	Emergency Contact Number		RPA Levy	PA Insurance (Compulsory)	Total Amount Pa (Levy + Insuranc
	Address			Post Code	State	Suburb	Email Address					
5	First Name	Last Name	Signature	Date of Birth	M/F	Phone Number	Name of Emergency Contact	Emergency Contact Number		RPA Levy	PA Insurance (Compulsory)	Total Amount Pa (Levy + Insuranc
		Post Code	State	Suburb	Email Address							