

# NYSMA

## 2025 Registration and Insurance Form

### PLEASE PRINT—Membership Mailing Information

Driver's name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**Phone numbers** Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent/Guardian(s) name(s): \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Home track affiliation: \_\_\_\_\_

**INSURANCE IS REQUIRED FOR anyone who is on the race track, in the infield, the Pit Area, Scorer's Tower, or Concession Stand.**

#### ACTIVE MICROD CLUBS

- Mid-State Microd Club
- Sodus Microd Club
- Southern Tier Microd Club
- Syracuse Microd Club

#### DIVISIONS AND CLASSES

- **Microd Division**  
Club Class  
Junior Novice Class  
Novice Class  
Limited Class  
Stock Class
- **Open Wheel Division**  
Club Class  
Junior Novice Class  
Novice Class  
Limited Class  
Stock Class  
Superstock Class

**Check boxes below ONLY if you are NOT registering a car, but need to be in the Pit area:**

- Other Family Member(s)
- Non-Family guest(s)
- Officials Only  
(Flagger, Announcer, Pit Steward)
- Extra Handler or Pit Crew person

**Associated with car # \_\_\_\_\_**

### Car Registration Information

#### Car #1

**Car number:** \_\_\_\_\_ **Division:** \_\_\_\_\_ **Class:** \_\_\_\_\_

**Driver's name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

**Car handler's name(s):** \_\_\_\_\_

#### Car #2

**Car number:** \_\_\_\_\_ **Division:** \_\_\_\_\_ **Class:** \_\_\_\_\_

**Driver's name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

**Car handler's name(s):** \_\_\_\_\_

#### Car #3

**Car number:** \_\_\_\_\_ **Division:** \_\_\_\_\_ **Class:** \_\_\_\_\_

**Driver's name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

**Car handler's name(s):** \_\_\_\_\_

### Accident Insurance Coverage

Primary coverage is \$25,000 per person/incident, \$10,000 accidental death or dismemberment. **List first and last names of ALL persons to be insured** INCLUDING driver, other family members, non-family member or others(see box above).

- |          |          |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

**My signature below affirms that I understand the coverage that is provided by this insurance.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TOTAL number of cars:** \_\_\_\_\_ **x \$25.00 per car=** \_\_\_\_\_

**TOTAL number to be insured:** \_\_\_\_\_ **x \$20.00 each=** \_\_\_\_\_

**TOTAL amount due =** \_\_\_\_\_

**PLEASE PAY THESE FEES TO YOUR CLUB.**