

Club Membership Form

Rider Details		
Name		
Date of Birth		
Address		
Phone Number		
Email Address		
BC License Number		
2016 BC Age Category <i>Please add 2016 British Cycling category you will be competing in during the 2016 season</i>	Road	
	Cross	
Disciplines competed in <i>Please enter the order of priority. You can have more than one discipline ie, riders may do road in summer and cross in winter but you like cross the best, followed by road, set Cross 1 and Road 2</i>	Road	
	Track	
	Cross	
	MTB	
	Time Trial	
Disability Information		
The Disability Discrimination Act 1995 defines a disabled person as anyone with, 'a physical or mental impairment, which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.'		
Do you consider yourself to have a disability?	Yes/No (delete as appropriate)	
If yes, what is the nature of your disability?		
Medical Information		
Please detail below any important medical information that our coaches/club should be aware of (e.g. epilepsy, asthma, diabetes, a recent injury, etc). Medical condition(s) and recommended treatment/actions to be taken if symptoms appear: If you have any concerns about your child participating in any form of physical activity then please consult your GP before giving permission for your child to take part in cycling activity sessions		

Parental Consent

It is necessary to obtain consent for your child to take part in the Go-Ride activity. If you wish your child to participate, then please read the following information, complete the form below and sign the Parental Consent Notice. All Coaches are trained British Cycling Coaches that have received training in Safeguarding and Protecting Children, and have been checked and cleared through the Criminal Records Bureau. Any information provided about your child will be kept confidential and secure. It will only be used for the purpose of contacting you or your child regarding future club and Go-Ride events. With your permission the club may also take photographs or video footage during Go-Ride activities. These images could be used in coaching resources, placed on the club's website, or for general publicity purposes. If you are happy for photographs or video footage of your child to be taken and used in this way, could you please tick the appropriate box below.

- By returning this completed form, I agree to the child named above taking part in the activities of the club
- I understand that I will be kept informed of these activities - for example timing and transport details
- I understand that in the event of any injury or illness all reasonable steps will be taken to
- contact me, and to deal with that injury/illness appropriately
- A cycling helmet must be worn at all time during activities.
- Any participants who persistently misbehave or put others in danger will be asked to leave the activity and will not be allowed to continue

Name of Parent/Carer	
Date	
I am happy for photographs or video footage of my child to be taken and used	Yes / No (delete as appropriate)
Signature	

Parent or Carers Details

Name	
Relationship to rider	
Address (if different to rider)	
Phone Number	
Email Address	