



Selby Cycling Club

Membership Application Form

Applicant details

<u>Surname</u>	<input style="width: 100%;" type="text"/>
<u>Christian Name`s</u>	<input style="width: 100%;" type="text"/>
<u>Date of Birth</u>	<input style="width: 100%;" type="text"/>
<u>Home Address</u>	Line 1 <input style="width: 100%;" type="text"/>
	Line 2 <input style="width: 100%;" type="text"/>
	Town <input style="width: 100%;" type="text"/>
	Post code <input style="width: 100%;" type="text"/>
<u>e-mail address</u>	<input style="width: 100%;" type="text"/>
<u>Home Phone no:</u>	<input style="width: 100%;" type="text"/>
<u>Mobile no:</u>	<input style="width: 100%;" type="text"/>
<u>Occupation</u>	<input style="width: 100%;" type="text"/>
<u>Emergency Contact Name</u>	<input style="width: 100%;" type="text"/>
<u>Relationship to Applicant</u>	<input style="width: 100%;" type="text"/>
<u>Emergency Contact No:</u>	<input style="width: 100%;" type="text"/>

<u>Type of Membership</u>		<u>Membership of other club`s</u>			
	Tick	£	<u>Name of club</u>	<u>From</u>	<u>To</u>
Full	<input type="checkbox"/>	15.00			
Junior	<input type="checkbox"/>	See page 3:			
2nd Claim	<input type="checkbox"/>	7.50			

Disability

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 -

Medical

Please detail below any important medical information that our 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 yourself / child participating in any form of physical activity then please consult your GP before consenting for yourself / child taking part in cycling activity sessions.

Medical details that could affect your ability to ride with the club:

I, _____, agree to fully comply with all the current rules of SCC

Signature of applicant

Once completed please either:

Return by post with a cheque made out to *Selby Cycling Club* to:

Selby Cycling Club
Melville
Barlby Hilltop
Barlby
Selby YO8-5JQ

Date:

Alternatively complete form on-line and mail to membership@selbicycling.co.uk or post to address as shown

Payment can be made by bank transfer to
Ref: Your Name -Membership
HSBC - (Selby Cycling Club)
Sort code: 40-40-29
Acc. No: 31042246

Do you have any first aid qualifications?

Junior Applicants must read and complete items below

It is necessary to obtain consent for your child to take part in Selby Cycling Clubs activities. If you wish your son / daughter to participate then please read the following information, complete the form below and sign the Parental Consent Notice. 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 events.

- * By returning this completed form, I agree to the child named taking part in the activities of the club
- * A cycling helmet must be worn at all times during activities
- 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
- * Any junior rider is expected to ride in a predictable way and behave appropriately during club activities.

* It is the responsibility of the parents / guardians that their child attending club activities, does so on a serviceable bicycle, with appropriate clothing and provision of adequate food, fluids and monies. You should ensure that the organised ride is within the competence and limitations of the rider.

* **SCC encourages inclusion to riding activities. However, some club activities may not be appropriate for junior members. It is the responsibility of parent/guardians to ensure that the activity is suitable for their child to attend.**

Emergency Contact Details

Parent / Guardian

Address

if different from above

Telephone no:

E-mail address:

Signature: