

Application for club members joining British Cycling for the first time.



1 Your details

Title: _____ First Name: _____ Surname: _____ Date of birth: _____

Address: _____

Postcode: _____

Tel: _____ Mobile: _____

Email: _____ Nationality: _____

How did you hear about British Cycling : _____ Ethnicity: _____

Your club's name (compulsory): _____ Current membership number: _____

2 Membership/Race Licence

Prices include introductory discount for club members. Tick the appropriate option(s).

	Born	Race (Bronze)	Race (Silver)	Race (Gold)	2011 Licence	Ride
Senior	Before 1992	£FREE <input type="radio"/>	£22.50 <input type="radio"/>	£50.50 <input type="radio"/>	£32.00 <input type="radio"/>	£12.00 <input type="radio"/>
Junior	1993-1994	£FREE <input type="radio"/>	£10.50 <input type="radio"/>	£32.50 <input type="radio"/>	£13.00 <input type="radio"/>	£8.50 <input type="radio"/>
Youth	1995-1998	NA	£FREE <input type="radio"/>	£20.50 <input type="radio"/>	£FREE <input type="radio"/>	£FREE <input type="radio"/>
Under 12	After 1999	NA	£FREE <input type="radio"/>	£14.50 <input type="radio"/>	£FREE <input type="radio"/>	£FREE <input type="radio"/>
Family	2 adults plus dependent children	NA	£68.50 <input type="radio"/>	£124.50 <input type="radio"/>	£32.00 <input type="radio"/>	£46.00 <input type="radio"/>

Race Licence available only to Silver or Gold members and is required to enter most events at regional/national/international level. Valid to 31/12/2011

3 Additional Family Members

Complete only when choosing Family Membership. Tick the appropriate option(s).

	Name	Gender	Date of birth	Race Licence Req'd:	U12	Yth.	Jnr.	Snr.
Spouse								<input checked="" type="radio"/> £32
Child 1					<input type="radio"/> Free	<input type="radio"/> Free	<input type="radio"/> £13	
Child 2					<input type="radio"/> Free	<input type="radio"/> Free	<input type="radio"/> £13	
Child 3					<input type="radio"/> Free	<input type="radio"/> Free	<input type="radio"/> £13	
Child 4					<input type="radio"/> Free	<input type="radio"/> Free	<input type="radio"/> £13	

4 Declaration/Consent

A Parent/Guardian: I hold legal responsibility for all members aged under 18 on the present application. I understand and agree that my son/daughter participates in events promoted under the Federation's rules and regulations entirely at his/her own risk. I have considered and understand the nature of such events and have discussed them with my son/daughter. I am satisfied that my son/daughter is sufficiently responsible and competent to assume responsibility for his/her own safety whilst engaged in competition under British Cycling regulations. I understand that competitors over 16 years of age are permitted to compete on the public highway and must there assume full and entire responsibility for their own safety in relation to other traffic. I understand and have emphasised to my son/daughter that the function of marshals in such events is to do no more than indicate the direction the rider should take and that the responsibility for safety whilst negotiating corners, turns and other hazards must rest with the rider. I understand further and have impressed upon my son/daughter that all competitors in events on the open road must observe the law of the land relating to road travel. I agree that my son/daughter shall participate in such events without any liability whatsoever on the part of the promoter, promoting club, British Cycling, or any club or organisation affiliated thereto or their officials or members in respect of any injury, loss or damage suffered by him/her, provided that this does not exclude the liability of any such party for death or personal injury arising from that party's negligence. I confirm, that my son/daughter does not have any disability or medical condition, physical or mental, which could affect his/her ability to ride safely as a racing cyclist. I understand that I must notify the Compliance Officer of the Federation at once if any time my son/daughter becomes subject to a disability or medical condition, physical or mental, which could affect his/her ability to ride safely as a racing cyclist. I understand that my son/daughter may be subject to anti-doping controls and that this would involve the removal of some of their clothing and the provision of a urine sample directly in the presence of a doping control officer.

B Individual Member: Should I be required to participate in an anti-doping test conducted under British Cycling/UCI regulations, I agree to submit to those tests and comply with and be bound by the British Cycling/ UCI anti-doping regulations. The anti-doping regulations of other component instances as foreseen by the UCI regulations provided such regulations comply with the World Anti-Doping Code. I agree that the results of the analysis will be released to the public in line with applicable regulations. I undertake to submit any objections concerning drug abuse to the British Cycling Board/Appeals Panel, whose decision I shall accept as final. I accept that all urine and blood samples taken become the property of British Cycling/UCI and that British Cycling/UCI may have them analysed, notably for the purpose of research and information on health protection. I agree to my doctor and/or the doctor of my Club/Team communicating to British Cycling, on its request, the list of medicines I have taken and treatment I have undergone before any given competition or cycling event. I will participate in cycling competitions or events in a loyal and sporting manner. I will submit to disciplinary measures taken against me, and will take any appeals and litigation to the authorities provided for in the Regulations. I accept (CAS) as the only competent jurisdiction of appeal in the cases provided for by the regulations and in compliance with the terms thereof. I accept that the decisions of CAS shall be final and binding and not subject to appeal. With that reservation, I shall submit any litigation with the UCI exclusively to the tribunals at UCI headquarters.

I consent to all persons in this application being bound by the byelaws, technical regulations, code of conduct, child protection & anti-doping policies of British Cycling*:

Print Name: _____ Signature: _____ Date: _____

A large text version of this form is available at britishcycling.org.uk and we will contact you for equality monitoring purposes.

Office Use Only: Staff initials:

Date:

Tel: ☐

Post: ☐

Fax: ☐

Declaration complete: ☐

5 Card/Cheque Payment

Cheques should be made payable to: British Cycling

Name on card:

Valid from: Expires: Security (CCV): Issue:

Card Number:

Billing Address: Postcode:

Promo Code: Amount to pay: £

6 Offers

☐ Yes, please send me details of exclusive offers and benefits from British Cycling.

Please post your completed form to: Membership Dept, British Cycling, Stuart Street, Manchester M11 4DQ