

EAST SUTHERLAND WHEELERS

Coaching sessions 12, 19 and 26th March 2011

Personal Details:

Name: M/F Date of Birth:.....

Address:.....

.....

Postcode:

Tel (h):

Tel(m):.....

E-mail:

Cost: £12 (including membership 2011, personal insurance British Cycling, logbook and certificates)

Please make cheques payable to East Sutherland Wheelers

OR

Pay online: www.eastsutherlandwheelers.org.uk

Optional:

As a member of the East-Sutherland Wheelers you can pay your trailside fee for the Highland Wildcat Trails in Golspie.

Highland Wildcat Trail Fees 2011: (cheques payable to East Sutherland Wheelers)

Member:	Fee:	Please tick:
Junior (U18)	£5	

Signed by parent/carer:

Date:

* return to East Sutherland Wheelers – VG-ES – Alba – Main Street – Golspie
KW10 6TG

Membership Application Form 2011

Medical Information (All applicants)

Please detail below any important medical information that our coaches/club should be aware of (eg epilepsy, asthma, diabetes, recent injury, etc.)

Medical condition (s) and recommended treatment/action to be taken if symptoms appear

If you have any concerns about any person named on this application, 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

Club Guidance and Policies (All applicants)

- I/we have read and understood the Guidance for Members information sheet prepared by the club (www.eastsutherlandwheelers.org.uk)
- I/we agree to abide by the rules and policies of the club
- I/we have considered and understand the nature of such club activities and have discussed them with the others named on this application
- I/we am/are satisfied that all the applicants named above are sufficiently responsible and competent to assume full and entire responsibility for their own safety while engaged in any event promoted or organised by the club
- I/we agree to participate in events promoted by the club without any liability whatsoever on the part of the promoter's, organiser's or club in respect of any injury, loss or damage suffered, provided this does not exclude the liability of any such party for the death or personal injury arising from that party's negligence
- I/we confirm that no person named on this application has any disability or medical condition, physical or mental, that has not been disclosed above, that could effect their ability to ride safely
- I/we agree to emergency first aid being administered at any time during Club activities, should this be necessary
- I/we give permission for photos of applicant(s) being used for advertising and promotional purposes and agree to these being used for leaflets, posters, newspapers and club website

Signed

Date

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For members under 18 – Juniors Parent/ Guardian Consent form

I, being the parent/carer of

Have read the information contained on this form and hereby consent to him/her taking part in the cycling activity sessions and understand and agree that he/she participates in cycling activity sessions entirely at his/her own risk.

- I have considered the nature of the club activities and have discussed them with him/her/them
- I am satisfied the he/she/they is sufficiently responsible and competent to assume full and entire responsibility for his/her own safety under the supervision of a club coach
- I understand all activities are covered by Public Liability Insurance but that there is no insurance for personal accident.
- I confirm that he/she/they does not have any disability or medical condition (not disclosed overleaf) that could affect his/her ability to participate safely in cycling activity sessions
- I shall undertake to inform the Activity Leader in the event of any change in medical fitness
- By returning this completed form, I agree to the applicants named above taking part in the activities of the club
- 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
- I have read the clubs 'Youth Policy' document – available on club website or on request.
- I/we give permission for photos of applicant(s) being used for advertising and promotional purposes and agree to these being used for leaflets, posters, newspapers and club website

Emergency Contact Details (to be completed by parent/carer)

Please indicate below the person who should be contacted in case of an incident/accident

Contact Name:

Relationship to Child:

Emergency Contact Number: Home

Mobile

Name of Parent/Carer:

Signature of Parent/Carer

Date:

Notes:

- Young people are expected to remain in the session from beginning to end
- If the young person is being collected by someone other than the parent/carer, the parent/carer must advise the coach of the details of the arrangement, including who will be collecting the rider
- Any young riders who persistently misbehave or put others in danger will be asked to leave the session
- It is the parent's/carer's responsibility to ensure that their child's bike is in a safe condition to ride