

maldon

and district cycling club

Application for Membership

Please complete in Capital Letters

Name:		Date of Birth:	
Address:			
County:		Postcode:	
Telephone:	Daytime:		
	Evening/Other:		
Email:			
Occupation:			
Previous Club (if applicable):			

Gender

Male Female

Preferred type of riding/interest:

Track Road/Circuit MTB Cyclo Cross

Triathlon Time Trials Touring Leisure Cycling

Subscription Rates: (please tick)

Senior:	£20.00	<input type="checkbox"/>	2 nd Claim:	£10.00	<input type="checkbox"/>
Family*:	£30.00	<input type="checkbox"/>	Associate:	£10.00	<input type="checkbox"/>
*Please add additional family details on back page			Junior/Youth:	£10.00	<input type="checkbox"/>
			Over 65:	£15.00	<input type="checkbox"/>

Ethnicity

In order to help the club monitor its membership please will you tick one of the following boxes to identify your ethnic group/origin.

<p>A - White</p> <p>British <input type="checkbox"/></p> <p>Irish <input type="checkbox"/></p> <p>Any other white background <input type="checkbox"/></p> <p>(Please specify):</p>	<p>B - Mixed</p> <p>White & Black Caribbean <input type="checkbox"/></p> <p>White & Asian <input type="checkbox"/></p> <p>White & Black African <input type="checkbox"/></p> <p>Any other mixed background <input type="checkbox"/></p> <p>(Please specify):</p>
<p>C - Asian or Asian British Pakistani</p> <p>Indian Bangladeshi <input type="checkbox"/></p> <p>Any other Asian background <input type="checkbox"/></p> <p>(Please specify):</p>	<p>D - Black or Black British</p> <p>Caribbean <input type="checkbox"/></p> <p>African <input type="checkbox"/></p> <p>Any other Black background <input type="checkbox"/></p> <p>(Please specify):</p>
<p>E - Chinese or other ethnic group</p> <p>Chinese <input type="checkbox"/></p> <p>Any other <input type="checkbox"/></p> <p>(Please specify):</p>	

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? **Yes** **No**

If yes, what is the nature of your disability?

<p>Visual impairment <input type="checkbox"/></p> <p>Hearing impairment <input type="checkbox"/></p> <p>Physical disability <input type="checkbox"/></p> <p>Learning disability <input type="checkbox"/></p> <p>Multiple disability <input type="checkbox"/></p> <p>Other (please specify):</p>

Medical information

Please detail below any important medical information that our coaches should be aware of (e.g. epilepsy, asthma, diabetes etc.)

Emergency contact details

Please insert the information below to indicate the person(s) who should be contacted in event of an incident/accident.

Contact name e.g. next of Kin

Emergency contact number:

Declaration

I wish to apply for membership of the Maldon & District Cycling Club. I understand that involvement and attendance at Club events is expected of me and that I should be proactive in my support and promotion of the club.

Name:

.....

Signature:

.....

Date:

.....

To be Completed by Parent/Guardian if Under 18 years

By returning this completed form, I agree to my son/daughter/child in my care 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 in the event of injury or illness all reasonable steps will be taken to contact me, and to deal with that injury/illness appropriately.

Name of parent/guardian:

Signature of parent/guardian:

Date:

Family Member details – continue on separate sheet if necessary

Name:		Date of Birth:	
Telephone:	(If Different)		
Email:	(If Different)		
Name:		Date of Birth:	
Telephone:	(If Different)		
Email:	(If Different)		
Name:		Date of Birth:	
Telephone:	(If Different)		
Email:	(If Different)		

Applications should be sent to:

Steve George
24 Silver Road
Burnham on Crouch
Essex
CM0 8LA

Tel: 01621 786388

Please make cheques payable to: Maldon & District Cycling Club

Affiliated to: BC CTT ECCA CTC ERRL WCRA BSCA