



2017 APPLICATION FOR MEMBERSHIP

Competitor's Name:	Tel No.	Home:
Address:		Work:
		Mobile:
Postcode:	Email	
STABILISERS / BALANCE BIKE <input type="checkbox"/> PEDAL BIKE <input type="checkbox"/> (please tick)	Date of Birth:	Male / Female

I HEREBY APPLY FOR MEMBERSHIP OF TEAM RL 360° ISLE OF MAN

Signed by: (competitor, parent or guardian)
For information purposes only please indicate if you suffer from any medical condition: e.g. Asthma, Diabetes

PARENTAL CONSENT. Valid at all events promoted by RL 360° and Manx Viking Wheelers.
To be signed by parent or guardian of the entrant under the age of 18.

I (name and address of guardian or parent)

being the parent or guardian of

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 born on

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Hereby agree to **his/her** participation in the events under the rules and regulations of British Cycling (B.C.) and DECLARE the following:

1. I understand and agree that my said **son/daughter** participates in events promoted under the B.C. Rules and regulations entirely at **his/her** own risk and without liability whatever on the part of the promoter, promoting club, the B.C. or any club affiliated thereto or their officials or members in respect of any injury, loss or damage suffered by **him/her** however caused whether by negligence or otherwise.
2. 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 full and entire responsibility for **his/her** own safety whilst engaged in competition under B.C. rules.
3. I understand that competitors over 16 years of age are permitted to compete on the public highway and must therefore 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 the marshals in such events is to do no more than indicate the direction the rider should take and that the responsibility for safety negotiating corners, turns and other hazards must rest with the rider alone.
4. 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 secretary of the club at once if at 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.

SIGNED (by parent or guardian)

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 Date

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I also give permission for my son/daughter's photograph to be taken and used on the club's website and in press coverage.

SIGNED (by parent or guardian)

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 Date

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