



Eastlands / Sportcity Velo Membership Form

Please complete both sides of this form and keep the attached Member Information sheet

PART 1: REGISTRATION TYPE

This application is for a:	<input type="checkbox"/> New Membership	<input type="checkbox"/> Renewal
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PART 2: ABOUT THE MEMBER

First Name	Last Name	Sex	Date of Birth
		<input type="checkbox"/> M <input type="checkbox"/> F	
British Cycling Membership (<i>if applicable</i>)	Number	Age Category	
House Number and Street		City	
Postcode		Home Phone Number	
Do you live in the Manchester City Council Area?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide proof of residence, such as Council Tax or Utility Bill			

PART 3: EMERGENCY CONTACT(S)

PARENT/GUARDIAN (*required*)

Title and Name	Relationship to Member
Email Address(es)	
Phone Number(s)	

ADDITIONAL PARENT/GUARDIAN (*optional*)

Title and Name	Relationship to member
Email Address(es) (<i>if different from Parent/Guardian above</i>)	
Phone Number(s) (<i>if different from Parent/Guardian above</i>)	

ADDITIONAL EMERGENCY CONTACT (*optional*)

Title and Name	Relationship to member
Email Address(es)	
Phone Number(s)	

PART 4: YOUNG PERSON'S CONTACT DETAILS

If an under-18 member wants us to use his/her personal email address, please make sure you have also provided at least one adult's email address. We must copy messages to an adult.

Email Address(es)
Phone Number(s)

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PART 5: MEDICAL INFORMATION

DISABILITY

Do you consider yourself disabled? Yes No **If yes, please specify** _____

(Examples: learning disability, visual impairment, hearing impairment, cerebral palsy, locomotor impairment, wheelchair user, amputee)

OTHER MEDICAL DETAILS

Do you have any medical conditions the club should be aware of? Yes No

If yes, please name the condition(s) and give details, including symptoms and the actions we should take if necessary. (Examples: epilepsy, asthma, diabetes, medication allergies, a recent injury)

PART 6: SIGN AND DATE

PARENT/GUARDIAN CONSENT (for members under 18)

I, the parent/guardian of _____, consent to him/her participating in Eastlands/Sportcity Velo cycling sessions and club activities according to the terms on the Member Information sheet, a copy of which I have received. I confirm that he/she does not have any disability or medical condition (other than disclosed above) that could affect his/her ability to participate safely.

Name of Parent/Guardian (please print) _____

Signature _____

Date _____

PERSONAL CONSENT (for members 18 and older)

I agree to participate in Eastlands/Sportcity Velo cycling sessions and club activities according to the terms on the Member Information sheet, a copy of which I have received. I do not have any disability or medical condition (other than disclosed above) that could affect my ability to participate safely.

Name (please print) _____

Signature _____

Date _____

ANNUAL MEMBERSHIP FEES

Youth (Under 16)	£15	Adult (18 +)	£25
Junior (16 or 17)	£20	Family	£40

We accept cash and cheques. Please make cheques payable to **Eastlands Velo**

HOW TO REGISTER

Please submit this completed form with your membership payment and if applicable, proof of residence. Martyn Teece-Round (Club Secretary) or Nicola Heaton (Club Treasurer) can accept your registration at our velodrome sessions.

PRIVACY POLICY

Please tick the box if you are happy to receive correspondence relating to Eastlands/Sportcity Velo. Eastlands/Sportcity Velo will store your details in accordance to the British Cycling Privacy Policy.