

go-ride Applicants only - complete all pages

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:

Parental Consent

To be Completed by Parent/Guardian if Junior/Youth 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: _____



www.glendenecc.org.uk

Affiliated to: BC CTT ECCA ERRL EFDSC

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:

Cyclo Leisure MTB Road/Circuit
Cross Cycling
Time Track Triathlon Touring
Trials

Declaration

I wish to apply for membership of the Glendene 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 Glendene Cycling Club.

Name: _____

Signature: _____

Date: _____

Subscription Rates: (please tick)

Senior:	£20.00	<input type="checkbox"/>	2 nd Claim:	£15.00	<input type="checkbox"/>
Family *:	£25.00	<input type="checkbox"/>	Associate:	£10.00	<input type="checkbox"/>
Junior	£10.00	<input type="checkbox"/>	Youth (under 16):	FREE #	<input type="checkbox"/>

* Family Member's Names:

Parental Consent on back page

Please send the completed Application Form to the new members Secretary. Please make cheques payable to: Glendene Cycling Club

The **Members Secretary** is:

Dave Jones
Mill Lodge, Mill Lane
Kelvedon Hatch
Brentwood
Essex
CM15 0AH

Contact No. 07956 205806

Email: davesbr1@gmail.com

Barry

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.

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

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?

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