



## Club Membership Form

We are pleased to welcome you to our Club. To ensure that we have the correct contact details for you, please insert the information requested below.

If you are under 18, please ask a parent or carer to sign this form before returning it. We will also use this information to ensure that you are kept informed of any Club events.

### Personal Details

Name : .....

Address : .....

.....

..... Postcode : .....

DOB : .....

Email : .....

Mobile : ..... Sex : M / F (please circle)

### Disability Information

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 (please circle)

If yes, what is the nature of your disability?

Visual Impairment Yes/ No (please circle) Learning disability Yes/ No (please circle)

Other (please specify) .....

.....

### Medical Information

Hearing Impairment Yes / No (please circle) Multi disability Yes/ No (please circle)

Physical disability Yes/ No (please circle)

Please detail below any important medical information that our Coaches/Club should be aware of (e.g epilepsy, asthma, diabetes or any recent injury, etc.)

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

.....

.....

**If you have any concerns about participating in any form of physical activity, then please consult your GP before taking part in any cycling sessions**

## Emergency Contact Details

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

Contact Name : .....

Emergency Contact Number Home: ..... Mobile : .....

Relationship to person: .....

## Additional Parental Consent (All riders under 18 years of age)

I, being the parent/carer of ..... have read the information in 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 sessions under the instruction of British Cycling qualified coaches entirely at his/her own risk. I have considered the nature of such sessions and have discussed the matter with him/her.

I am satisfied that he/she is sufficiently responsible and competent to assume full and entire responsibility for his/her own safety under the supervision of a British Cycling qualified coach. I confirm that he/she does not have any disability or medical condition that could affect his/her ability to participate safely in cycling activity sessions.

Name of Parent/Carer: .....

Signature of Parent/Carer: ..... Date : .....

### Over 18 please sign below

Name of Member: ..... Signature of Member: .....

Date : .....

Please return this form together with your Annual Membership Fee of £20 for junior members (under 16 on 31<sup>st</sup> December of the current year). £25 for senior members and £23 concession to full time students/unemployed.

All cheques must be made payable to : Brixton BMX Club - \*Please ask about our family discount\*

Session prices £4 for Members / £6 for Non Members

### Notes

- 1 It is part of the Brixton BMX Club Code of Conduct to ensure reasonable steps are taken to establish a safe environment where the participant can enjoy developing their cycling skills.**
- 2 It is the participant's responsibility to participate in cycling activities in a sporting manner.**
- 3 Any riders/parents who persistently misbehave or put others in danger will be asked to leave the session.**
- 4 It is the rider/parent's carer's responsibility to ensure that the member's bike is in a safe condition to ride.**
- 5 A correctly fitting cycling full-face helmet must be worn at all times during cycling activity**
- 6 sessions.**

### Official Use Only

Form Accepted      yes/no

Fee Received      yes/no