



# CLARINA WHEELERS CYCLING CLUB



## MEMBERSHIP APPLICATION FORM 2015

**Duration of Membership: is from date of application to 31st Dec 2015**

(new/renewal applications accepted after Nov 1st in any year are valid from Nov 1st until Dec 31st of the following year)

**Please write all your details as clearly as possible**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact : \_\_\_\_\_

Contact Number: \_\_\_\_\_

### **DECLARATION**

I wish to apply to become a member of The Clarina Wheelers Cycling Club and I hereby undertake to abide by all rules of the club, to know and adhere to the rules of the road and abide by all the decisions of the executive committee. I understand and accept that because of the nature of the sport and the possibility of accidents and mishaps occurring at speed, there exists a possibility of serious physical injury and damage to property occurring and I therefore agree to indemnify The Clarina Wheelers Cycling Club, it's committee, members and agents from liability for personal injury or loss of any kind whatsoever and from liability for any loss or damage to property which I may, at any time, sustain.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**If the applicant is under 18 years of age, the following section must be completed.**

I/we being the parent/parents/legal guardian of the applicant, having read and understood the above declaration, agree to being bound by its clauses, on the applicants behalf and give my/our consent for the applicant to participate in the activities of The Clarina Wheelers Cycling Club

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FEES:**      Adult: €30      Family: €60      **PLEASE CIRCLE**

### **PHOTO CONSENT**

I give consent for The Clarina Wheelers to use any photo taken of me at events or cycling outings, on the Clarina Wheelers website, marketing material and social media and for it to be used in related press articles published by third parties.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(by parent /guardian if under 18)