



# Club Membership Form 2015

## Velo Club Melyd

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 and return this form to the address below : -

If you are under 16 please also ask a parent or carer to sign this form before it is returned. We will also use this information to ensure that you are kept informed about club events.

### Personal Details of Individual

Name: \_\_\_\_\_ Gender: Male  Female   
Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

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

Telephone Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

### Emergency contact details

Relationship to member \_\_\_\_\_

Name: \_\_\_\_\_ Telephone Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

### 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

If yes, what is the nature of your disability?

Visual Impairment  Hearing Impairment  Physical Disability  Learning Disability

Multiple Disability  Other (please specify): \_\_\_\_\_

### Medical Information

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

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

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**For all members**

I wish to apply for membership of Velo Club Melyd and agree to be bound by its rules and those of any organization to which it may be affiliated.

I accept that I am responsible for my own conduct and that I take part in Club activities at my own risk. I agree that no liability whatsoever shall be attached to the Club or any of its officials in respect of any loss, injury, or damage suffered by me, howsoever caused.

Signed.....

Dated.....

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**For people under 18 years of age**

It is the parent's/carer's responsibility to ensure that their child's bike is in a safe condition to ride. For juniors a correctly fitting cycling helmet must be worn at all times during the cycling activities.

**Parental Consent if under18**

I, being the parent/carer of \_\_\_\_\_ have read the information contained on this form and hereby consent to him/her taking part in the cycling activity sessions and understand and agree that he/she participates in club cycling activities entirely at his/her own risk. I have considered the nature of such activities and have discussed them 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. I confirm that he/she does not have any disability or medical condition (not disclosed overleaf) that could affect his/her ability to participate safely in cycling activity sessions.

- By returning this completed form, I agree to the child named above taking part in the activities of the club
- I understand that in the event of any injury or illness all reasonable steps will be taken to contact me, and to deal with that injury/illness appropriately

Name of Parent/Carer:.....

Signature of carer..... Dated.....

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**Membership Fees 2015**

Category		
Senior	(18 years or over)	-£15
Junior	(16 and 17 years)	-£10 *
Schoolboy/ girl	(under16)	-£5 *

\*Junior and Schoolboy / girl Membership is free if taken with a Parent / Guardians full Senior membership

Family (2 or more of the same family) -£25

Cheque (payable to Velo Club Melyd) enclosed for £ .

Once completed please return this form to:

Sam Evans  
Club Treasurer  
6 Barrfield Road  
Rhuddlan  
Denbighshire LL18 2RY