



# JUNIOR MEMBERSHIP FORM 2017



Please complete the following, sign and return to club secretary along with relevant fees.  
Membership is limited due to leaders/members ratios which is set by National Governing Body guidelines

## PERSONAL DETAILS

NAME:

DATE OF BIRTH:

ADDRESS:

POSTCODE:

TELEPHONE NO:

MOBILE NO:

EMAIL:

## EMERGENCY CONTACT DETAILS

NEXT OF KIN:

RELATIONSHIP TO MEMBER:

ADDRESS:

POSTCODE:

TELEPHONE NO:

MOBILE:

EMAIL:

## MEDICAL INFORMATION

Please detail below any important medical conditions and information that our coaches/club should be aware of (eg: epilepsy, asthma, diabetes, or a recent injury and recommended treatment/actions to be taken if symptoms appear) If you have any concerns about your child participating in any form of physical activity then please consult your GP before giving permission for your child to take part in cycling activity sessions.

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# DECLARATION

I agree that I take part in the activities of the club at my own risk.

I understand that the club has insurance cover (Third Party Liability) through affiliation to Scottish Cycling but that I may wish to take out my own Public Liability Insurance.

I confirm to the best of my knowledge that I do not suffer from any medical condition other than those listed below that may prevent me from safely taking part in club activities.

I consent to travelling by any form of public transport, minibus or motor vehicle driven by a suitably qualified club coach or official volunteer, to any event in which the club is participating.

I agree to be filmed or photographed as part of club activities which may be used on club website, videos, press releases or future promotional materials.

I understand that the Club accepts no responsibility for loss, damage or injury caused by or during attendance on any of the clubs organised activities except where such loss, damage or injury can be shown to result directly from the negligence of the Club or the Organisers.

I agree to pay the yearly club membership fees to the club on time.

I agree that I will follow all club policies & procedures and shall follow the clubs code of conduct.

## MEMBERSHIP FEES

Membership runs January - December

**ADULT £20**

**JUNIOR £10**

**STUDENT £10**

**FAMILY £30**

## CONTACT OPTIONS

Please indicate your preferred methods of contact to receive information on club sessions, events and other club news.

**EMAIL**

**TEXT**

**FACEBOOK**

**TWITTER**

## CONSENT

**MEMBERS SIGNATURE:**

**PARENT/GUARDIAN SIGNATURE:**  
(Under 18 Only)

**DATE:**

Office Use

**MEEDIES BIKE CLUB**

C/O Lochore Meadows Country Park  
Lochgelly, Fife KY5 8BA

Office Use

Website: [www.meediesbikeclub.co.uk](http://www.meediesbikeclub.co.uk)  
[www.facebook.com/MeediesBikeClub](https://www.facebook.com/MeediesBikeClub)  
Email: [info@meediesbikeclub.co.uk](mailto:info@meediesbikeclub.co.uk)