

# Wolverhampton Wheelers Cycling Club

(Affiliated to BC, CTT, CTC, BCCA, BSCA)

## MEMBERSHIP APPLICATION FORM

Applicants may apply to join under one of the following categories:

- Family Member ..... £20.00  
(a Senior Member, their Partner & any of their children under 16 years)
- Senior (18 years and over) ..... £15.00
- Junior (16 years and over) ..... £10.00
- Juvenile (under 16 years) ..... £8.00
- OAP and UB40 reduction of £5 on above prices.

Please complete all the sections below in BLOCK CAPITALS and in ink.

A signed parental consent form MUST accompany all applications from persons under 18 years old.

(See overleaf or obtain a copy from the membership secretary)

I (full name) .....

Of (full address) .....

Postcode ..... Tel. No ..... Age..... Date of Birth .....

Email.....(for club use only - no disclosure to 3rd parties)

Additional family members: -

Name..... Date of Birth.....

Name..... Date of Birth.....

Name..... Date of Birth.....

Name..... Date of Birth.....

Name..... Date of Birth.....

I wish to become a First Claim Member of Wolverhampton Wheelers Cycling Club in the ..... category and submit the appropriate fee of £ .....

The Wolverhampton Wheelers do not accept second claim membership other than current members of H. M. Armed Forces, Students normally resident outside the Metropolitan Borough and Foreign Nationals who are already members of a club in their country of origin. Please give name of any previous Cycling Club .....

Please tick the discipline/s that interest you most:

Leisure Riding..... Touring..... Road Racing..... Time Trialling..... Track Racing..... MTB.....(XC or DH)

Cyclo-Cross..... Audax..... Triathlons.....Other..... NB. We do not specialise in BMX or Cycle Speedway

If accepted, your membership commences immediately following the committee meeting at which your application is considered.

The club operates a **Child Protection Policy** and has appointed child protection officers full details of which are available from the membership secretary.

Do you have any disability or medical condition, physical or mental that may affect your ability to take part in club events?

If so please give details .....

**Delete as applicable** - I am able to swim Yes/No. If yes, please define: barely, adequately, well, qualified life saver/instructor.

I am a member of the: CTC, BC, CTT, BSCA, SCU, WCU, WCRA, LVRC, League International, VTTA/VCRA, AUK,

Other/s..... I hold a ..... category racing licence with .....points from.....racing

I am a holder of: First Aid Certificate.....Coaching/Other relevant Qualification (please specify).....

I understand that the acceptance of this application does not incur any liability by the Club for any accident or loss incurred in any event organised by, for or on behalf of the Club. I confirm that I am not a First Claim Member of any other Cycling Club outside of H. M. Armed forces. I agree to abide by the Rules of the Club and acknowledge receipt of a copy of those Rules.

Signed ..... Date .....

Proposers Signature.....Name..... Seconders Signature.....Name.....

(NB Both signatories must be fully paid members of the Wolverhampton Wheelers Cycling Club)

Return completed form and parental consent form (if applicable) to;

**Membership Secretary:** Mr. Gordon Jones, 54 Lyndale Drive, Wednesfield, Wolverhampton, WV11 3JL

Tel. 01902 609219

Wolverhampton Wheelers  
**Cycling Club**  
Founded 1891

**PARENTAL CONSENT FORM**

For ACTIVITIES ORGANISED by the WOLVERHAMPTON WHEELERS CYCLING CLUB for MEMBERS UNDER the AGE OF 18;

Rider's name in full..... Date of Birth.....

Parent/Guardians full name.....

Address .....

.....

.....Postcode.....

Telephone No .....

Being the parent/guardian of the above rider.

1. Understand and agree that my son/daughter participates in activities promoted by the Wolverhampton Wheelers Cycling Club at his/her risk.
2. Understand that if riding on the public highway in an activity organised by the Wolverhampton Wheelers Cycling Club, the rider must assume full and entire responsibility for their own safety in relation to other traffic. I understand and have emphasised to my son/daughter that the function of marshals is to do no more than indicate the direction the rider should take and that the responsibility of safely negotiating corners, turns and other hazards must rest with the rider alone.
3. Understand further and have impressed upon my son/daughter I all events upon the open road they must observe the law of the land relating to road travel.
4. Agree that my son/daughter shall participate in events organised by the Wolverhampton Wheelers Cycling Club without any liability whatever on the promoter, club affiliated organisation their officials or members in respect of any injury, loss or damage suffered by him/her, however caused.
5. Confirm that my son/daughter does not have any medical disability or medical condition, physical or mental, which could affect his/her ability to ride safely as a cyclist. I understand that I must notify the secretary of the Wolverhampton Wheelers Cycling Club at once if at any time my son/daughter becomes subject to a disability or medical condition, physical or mental which could affect his/her ability to ride safely as a cyclist.

SIGNED (Parent or Guardian)..... Date.....

WITNESS (Signature, name, address and official position in the Wolverhampton Wheelers Cycling Club).....

.....