

VC Jubilee Membership Form 2010 (March/April Coaching sessions)			
Cyclists Name:	Please complete in CAPITALS		
Address:	Male/Female:		
	Date of birth:		
	Age:		
Postcode:	School:		
Home Tel No:	School year:		
Cyclists Email:	Cyclists Mobile No:		

Which ethnic group do you consider the young person belongs to? Please tick					
White	Mixed	Asian	Black	Other:	

Emergency Contact Name(s): Relationship to cyclist:	Emergency Contact No(s) Home/Mobile:
Emergency Contact Name(s): Relationship to cyclist:	Emergency Contact No(s) Home/Mobile:
Parents/guardian Email(s):	
Cyclists Medical / disability / any other information: Please detail any important information that our coaches/club should be aware of (eg epilepsy, asthma, diabetes, allergies, adhd, hearing or visual impairment, physical or learning disability, etc) or any other information..., please include any medication. Or if you have a medical condition, the recommended treatment/actions to be taken if symptoms appear...	

Important Notes regarding Membership:

- By signing below you are giving full consent, permission and approval for the cyclists named above to participate and enjoy any of the normal activities undertaken by members of VC Jubilee and Brighton Excelsior Cycling Clubs. Whether it be club runs, club meets, touring, off-road, competition, other activities etc, which are held within the auspices of and by the officials of the club and that whilst every reasonable care and precaution will be taken by them, they will not be held responsible for any personal injury, damage or loss to the cycle or named cyclist whilst with the said cycling clubs and that with regard to racing, should he/she participate, the rules of both the club and the official bodies concerned will be fully complied with.
- By signing below you are agreeing to abide by the Parents/Guardians Code of Conduct and will ensure that the cyclist named above understands and complies with the Members Code of Conduct as detailed in the VC Jubilee Members Handbook included with this application form.
- The club has adopted and works toward the British Cycling Coaches Code of Conduct, Ethics, Equity and Child Protection policies to ensure that reasonable steps are taken to establish a safe and equal environment where the young club members can enjoy developing cycling skills.
- Young club members are expected to remain in the session from beginning to end unless they are being collected or their parents/guardians have informed the coach they have other arrangements. They are encouraged to become Members of British Cycling National Governing Body and remain members of that whilst they are members of VC Jubilee, and hopefully beyond as they continue cycling. Club Contact has further details.
- It is the parent's/guardian's responsibility to ensure that their child's bike is in a safe condition to ride.
- All must wear a sound cycling helmet at all times during cycling sessions.

Parent/Guardian Consent:

I, being the parent/guardian of the cyclist named above, have read the information contained in this form and hereby consent that the cyclist participates in coaching sessions under instruction by VC Jubilee adult volunteers (all leaders are monitored by a "British Cycling" Coach) entirely at his/her own risk. I have considered the nature of such sessions and have discussed them with cyclist named above. I am satisfied that they are sufficiently responsible and competent to assume full and entire responsibility for his/her own safety. I understand that in the event of an injury or illness all reasonable steps will be taken to contact me, and to deal with that injury/illness appropriately. On occasions we use photos/videos footage for promoting the activities of the club, if you do not wish images of the cyclist named above to be published, please tick this box:

Signed Parent/Guardian: _____ Date: _____

Name: _____ Relationship to cyclist: _____

Cost: £10.00 Please make cheques payable to "VC Jubilee". Enclosed: Chq / Cash (please tick)

VC JUBILEE Other rider information Name: _____

What previous cycling experience do you have?													
How much sport or fitness activity does the young person take part in? Please tick the days last week when the young person did 1 hour or more of sport or fitness activity, then write down what activities were done													
Mon		Tue		Wed		Thur		Fri		Sat		Sun	
Which sport or fitness activity did the young person do? Please tell us about activities like fast walking or cycling and activities after school but not PE lessons.													
Why are you attending the club?													
What do you want to achieve from the club?													
In the long term what do you want to achieve from your participation in cycling?													
Please detail any other specific information that is relevant to your participation in club activities:													

Once completed: please return the forms to the Club Contact named below, or if you have any further queries please contact:
Sally Page, Foxgloves, 1 Clayton Park, Hassocks, West Sussex, BN6 8JQ.
Tel: 01273 843859, Mobile: 07769 588915