



ROYAL
LONDON
360

TEAM

ISLE OF MAN

2009 APPLICATION FOR MEMBERSHIP

COMPETITOR'S
NAME

TEL NO. Home

ADDRESS

Work

DATE OF BIRTH

Postcode

MALE

FEMALE

Does your bike have stabilisers?

YES/NO

I hereby apply for membership of Royal London 360 Isle of Man

SIGNED BY (competitor, parent or guardian)

For information purposes only please indicate if you suffer from any medical condition e.g. Asthma, diabetes _____

PARENTAL CONSENT. Valid at all events promoted by Royal London 360 and Manx Viking Wheelers. **To be signed by parent or guardian of the entrant under the age: of 18.**
I (name and address of guardian or parent)

being the parent or guardian of _____

born on _____

Hereby agree to his/her participation in the events under the rules and regulations of the British Cycling Federation (B.C.F) and DECLARE the following:

1. I understand and agree that my said **son/daughter** participates in events promoted under the federation's rules and regulations entirely at his/her own risk and without liability whatever on the part of the promoter, promoting club, the B.C.F. or any club affiliated thereto or their officials or members in respect of any injury, loss or damage suffered by him/her however caused whether by negligence or otherwise.
2. I have considered and understand the nature of such events and have discussed them with my **son / daughter**. I am satisfied that my **son/daughter** is sufficiently responsible and competent to assume full and entire responsibility for his/her own safety whilst engaged in competition under B.C.F. rules.
3. I understand that competitors over 16 years of age are permitted to compete on the public highway and must therefore 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 the marshals in such events is to do no more than indicate the direction the rider should take and that the responsibility for safety negotiating corners, turns and other hazards must rest with the rider alone.
4. I confirm that my **son/daughter** does not have any disability or medical condition, physical or mental, which could affect his/her ability to ride safely as a racing cyclist. I understand that I must notify the secretary of the 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 racing cyclist.

SIGNED (By parent or guardian)

Date:

I also give permission for my son/daughter's photograph to be taken and used on the club's website and in press coverage.

Signed (By parent or guardian).....

Date.....