



# Eastlands Velo Registration Form

Affiliated to 'British Cycling' and 'Cycling Time Trials'

Surname: \_\_\_\_\_ Date of Application: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Tel. No: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

New Member/Renewal (delete as appropriate)

Signature \_\_\_\_\_

Parent's Signature (if under 18 years) \_\_\_\_\_

I have completed the medical questionnaire overleaf  (please tick)

This application is made on the full understanding that the individual concerned takes part in club activities entirely at their own risk and that Eastlands Velo cannot be held responsible for any accident, loss or injury of any kind whatsoever during the time of membership.

## FEES

Under 16: £2.50

16-17: £3.00

Senior: £7.50

Family: £10.00

Total fee enclosed: £ \_\_\_\_\_

Cheques should be made payable to : Eastlands Velo

and sent to:

The Club Membership Secretary

Eastlands Velo, National Cycling Centre, Stuart Street,

Manchester M11 4DQ

## ABOUT US

Eastlands Velo is a cycling club based at Manchester Velodrome. It's helpers are all volunteers who are dedicated to youth development in general. We believe that there is much to be gained from a club such as Eastlands Velo. Any help whatsoever that can be given to assist the running of the club and provide an important resource for the young people will be greatly appreciated, and will, we assure you, give you great personal satisfaction.



## Medical Questionnaire

In the interest of safety the Club is now seeking certain information from all children joining.

Please note all information is given in the strictest confidence.

Does your child have any medical problems? Yes/No (delete as appropriate)

If Yes, please give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any known allergies or major dislikes? eg. certain medicines, foods or materials.

Yes/No (delete as appropriate)

If Yes, please give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency contact name: \_\_\_\_\_

Emergency contact number: \_\_\_\_\_

I consent to any emergency medical treatment necessary during the running of the club activities.

I authorise an adult Club Member in his/her role as supervisor to sign any written form of consent required by the hospital authorities if the delay in getting my signature is considered by the doctor to endanger my child's health and safety.

Yes/No (delete as appropriate)

Other comments/instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed by: Parent/Guardian \_\_\_\_\_

Date: \_\_\_\_\_