Ox Mountains Cycling Club Membership Application Form 2017

Personal Details: Please complete all details in block capitals. Membership cannot be processed if all details are not supplied.

Name: Surname:

Gender: *M* *F* Address 1:

Date of Birth: Address 2:

D D M M Y Y Y Y Address 3:

Email:

Mob No: - Next of Kin Mob: -

Types of Membership:	Adult			Junior (U18)	Youth U16	Youth U14
	NC	LC	FC	FC	FC	FC
Ox Mountains CC Membership:	25	25	25	15	15	15
Cycling Ireland Licence types:						
NC: Non-competition - Leisure	40					
LC: Limited competition - Club league, time trials		60				
FC: Full competition - All forms of races			125	50	35	5
Total for club membership and CI Licence €:	65	85	150	65	50	20
Please tick selection: ☐						

Note: CI licences can be upgraded during the year by paying the cost difference of licence already held.

All payments to be made to ***Ox Mountains Cycling Club***

Declaration:

I hereby apply for membership of the Ox Mountains Cycling Club and agree that I will be bound by the rules of the club. I understand and accept the risks associated with cycling and agree that I may participate in events at my own risk and that no liability shall attach to the Ox Mountains Cycling Club, its officials, or the governing body, Cycling Ireland, to which the club is affiliated to, for any injury, loss or damage suffered by me however caused.

Signed: _____ *Date:* _____

Applicant

The following Consent and agreement of Parent or Guardian must be completed if applicant is under 18 years.

I hereby consent to the above named applicant, for whom I have a legal responsibility, becoming a member of the Ox Mountains Cycling Club. I have rea and understand the above declaration and agree to be bound by its clauses on behalf of the applicant and that the applicant may participate in cycling events and be fully responsible for his/her own safety.

Signed: _____ *Date:* _____

Parent or Guardian

By signing up to OxMtsCC you are also affiliated to Cycling Ireland and you will be covered for personal injury, and third party insurance. This cover exten to cycling on your own or with a group and while participating in events. If you are not a paid up member of the club you are not covered.

Club Use

Signed: _____ *Date:* _____

Club Secretary

Please return completed form to: Ox Mountain Cycling Club, Drumartin, Aclare, Co.Sligo.

Contact: Club Secretary - Ivan McGuire Mob: 086-2593007

email: ivan@emgcs.ie