



STIRLING BIKE CLUB


INCORPORATING WALLACE WARRIORS JUNIOR CLUB

MEMBERSHIP FORM 2008-09

(MEMBERSHIP YEAR RUNS 1ST NOVEMBER 2008 – 31ST OCTOBER 2009)

www.stirlingbikeclub.org.uk

PART 1: TO BE COMPLETED BY ALL MEMBERS

Name:		Male / Female	Date of Birth:
Address:			
Postcode:		Contact Number:	
E-mail (if you wish to receive SBC club e-mails):			
Emergency Contact Name:		Emergency Contact Number:	
Medical/disability information (if relevant):			
What is your <u>main</u> cycling discipline? (tick one only)	SBC Fees for 2008-09: (indicate type and number of memberships required)		Notes: *Family membership covers up to 2 adult and 2 junior members living at the same address. Please enter additional members' names and ages in the table below Cheques to be made payable to "Stirling Bike Club" Return form with payment to: Stirling Bike Club c/o Alistair Mitchell 6 Hillcrest Square Reddingmuirhead Falkirk FK2 0GR 
	Road MTB Cyclocross Touring Other (please state)	Adult (18 & over) £15 _____ Student £10 _____ Family* £30 _____ OAP/unwaged £10 _____ Wallace Warriors (up to 18) £10 _____	
Or: <u>Pay online using PayPal !!</u>			

PART 2: TO BE COMPLETED FOR FAMILY MEMBERSHIPS ONLY

Additional members for Family Membership:			
Name	Email	Sex	Date of Birth
2.			
3.			
4.			

PART 3: TO BE COMPLETED FOR WALLACE WARRIORS JUNIOR MEMBERSHIPS ONLY

Parental/Guardian Consent (must be completed if any members/applicants are less than 18 years old)

I (name)being the parent/guardian of the above mentioned applicant:

- Understand and agree that my son/daughter participates in events organised by the Club entirely at his/her own risk. 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 any event promoted or organised by the Club.
- Agree that my son/daughter shall participate in events promoted or organised by the Club without any liability whatsoever on the part of the promoter (s), organiser (s), or Club in respect of any injury, loss or damage suffered by him/her, provided that this does not exclude the liability of any such party for death or personal injury arising from that party's negligence.
- Confirm that my son/daughter does not have any medical condition that has not been disclosed above, which could affect their ability to ride safely.

Signed (Parent/Guardian):Date:

Please e-mail treasurer@stirlingbikeclub.org.uk with any membership queries