

**Bromsgrove Olympique
Cycling Club**

The official Cycling Club for the Bromsgrove area

Membership Form

CLUB WEBSITE - www.bromsgrovecycling.cc
CONTACT TELEPHONE No 07960 444210

We are pleased to welcome you to our club. To ensure that we have the correct details for you, please insert the information requested below and return this form to:

Victoria Edwards
Flat 3
284 Alcester Road
Moseley
Birmingham, B13 8LL

Your Membership details will be held on a computerised database, unless you request otherwise. This information will only be used within the club.

If you are under 18 you will need to complete a separate form available from the Membership Secretary identified above. Applicants under 18 will also need to be members of British Cycling (at least Silver standard) or the Cyclist's touring club as these provide Third party insurance and legal aid.

Personal details of individual

Gender: Male Female

Name:

Address:

Postcode:

Date of Birth:

Telephone Home:

Mobile:

E mail address:

Membership Fees (Family discount available)

Senior £11

Junior (U18, Separate form) £7

Social/Second claim £7

Disability Information

The Disability Act 1995 defines a disabled person as anyone with "a physical impairment, which has a substantial and long term adverse effect on his or her ability to carry out normal day-to-day activities."

Do you consider yourself to have a disability?

Yes No

If yes, what is the nature of you disability?

Visual impairment Hearing Impairment

Physical Disability Learning Disability

Multiple Disability

Other (please specify):

Cycling Information

Where did you hear about the club?

Have you taken part in much cycling before?

Yes No

If yes, where have you taken part?

Primary School Secondary School

Club Local authority Coaching Session's

Other (Please specify)

Medical Information

Please detail below any important medical information that our coaches/club should be aware of (eg. Epilepsy, asthma, diabetes, a recent injury etc.) Include recommended treatment/actions to be taken if symptoms appear.

Emergency Contact Numbers

Contact Name _____

Home _____

Mobile _____

Applicants Signature _____

Date _____