



WREKIN RIDERS BMX CLUB

MEMBERSHIP APPLICATION 2010/2011

Full Name:	Date of Birth:
Address:	Home/Mobile Number:
	Email:
	For office use only. Member. No.
<p>I hereby apply for annual membership of the Wrekin Riders BMX club. I agree myself/ son/daughter will abide by the rules set out by the club, and that Wrekin Riders BMX club, its officials, agents or associates have no liability for loss of property, accidents or injuries to me / my son / daughter however so caused.</p> <p>Safety gear should be worn at ALL times i.e. full-face helmet, gloves, full length trousers and long sleeved tops. If riders are not wearing the correct safety gear, again, this is at the risk of the rider and we will not accept any responsibility for this. I understand the sport of BMX can be inherently dangerous and that potential risks are involved.</p> <p>I agree to notify the club of any medical condition* that may affect my/my child's ability to safely participate in BMX events / training sessions. I further agree that in my absence should my child require medical attention as a result of an injury sustained during a club event, consent to treatment may be authorised by a club official. *Medical condition_____</p> <p>Occasionally you/your son/daughter may be photographed or video recorded for promotional purposes or local newspapers. I agree that these may be used for paper based publicity, video, CD-ROM, multi-media and the Internet.</p> <p>I am also responsible for my own/sons/daughters behaviour on coach trips and events arranged by Wrekin Riders and will be liable for any damage caused by inappropriate actions.</p> <p><i>*Delete as appropriate</i></p>	
Members signature:	Date:
Signature of parent/guardian (if under 16)	Emergency contact number: Home: Mobile:

**For further information please go to our website:
<http://www.wrekinriders.co.uk>**

*Printed from www.wrekinriders.co.uk

