



Welcome to the Ipswich Bicycle Club



We are pleased to welcome you to our club.

To ensure that we have the correct contact details for you please insert the information below and return this form to the address below, to our

Membership Secretary, Mike Kingshott, 33 Dewar Lane, Kesgrave, IP5 2GJ.

Please note if you are under 16 years of age you are requested to ask for a Parent or Carer's signature on the form over

We use this information to keep you up to date with our events. Your details are not passed on to any other organisation.

Please Tick Relevant category

Over 18yrs	£20.00	<input type="checkbox"/>	Family	£40.00	<input type="checkbox"/>
Junior/Youth	£15.00	<input type="checkbox"/>	Under 12yrs	£ 1.00	<input type="checkbox"/>
(See note above)			only		
			(See note above)		
Student/ Retired/ Unemployed	£15.00	<input type="checkbox"/>			
Social Member	£20.00	<input type="checkbox"/>			

Cheques payable to: Ipswich Bicycle Club

Please print clearly

Full Name: _____ **Date of Birth** ____/____/____ **Gender:** M/F

Family Names (Family Membership Only)

_____ **Date of Birth** ____/____/____ **Gender** M/F

_____ **Date of Birth** ____/____/____ **Gender** M/F

_____ **Date of Birth** ____/____/____ **Gender** M/F

Full Address _____

_____ **Postcode** _____

Telephone (Home) (STD code _____) _____ **(Mobile)** _____

Email Address _____@_____

Disability information.

The Disability Discrimination Act 1995 defines a disabled person as anyone with 'a physical or mental impairment, which has substantial and long-term adverse effect on his/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 your disability?

Visual Impairment Hearing Impairment Physical Disability Multiple Disability

Learning Disability Other (please specify) _____

IF YOU DO NOT WISH TO BE CONTACTED TO HELP IN ANY CLUB EVENTS TICK HERE

IF YOU REQUIRE A HARD (PRINTED) COPY OF THE NEWSLETTER PLEASE TICK HERE

If not your newsletter will be emailed to you (broadband connection preferable)

Signature _____ **Date** ____/____/____

Please state the cycling discipline, which you will be representing the Ipswich Bicycle Club in

_____ **(Road/Track, Cyclo Cross, Mountain Biking, or other).** 19/02/2018 TB

Notes

1 It is part of the British Cycling Code of Conduct that reasonable steps are taken to establish a safe environment where the young riders can enjoy developing their cycling skills.

2 Parents / Carers are quite welcome to stay and watch the session, but this is not compulsory



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3 Children are expected to remain in the session from beginning to end unless they have to leave early. If the child has to leave early or is being collected by someone other than the Parent / Carer, the Parent / Carer must advise the coach of the details of the arrangement including who will be collecting the rider.

4 It is the young rider's responsibility to participate in cycling competitions in a sporting manner.

5 Any young riders who persistently misbehave or put others at risk will be asked to leave the session.

6 It is the parent's responsibility to ensure that their child's bike is in a safe condition to ride.

7 A correctly fitting, approved cycling helmet **must** be worn at all times during the coaching sessions.

8 For all children under 12yrs, coaching sessions will take place in a traffic free facility. However, some children (over 12yrs only) may be involved in coaching sessions that take place on the public highway. Children are only invited to take part when coaches feel they are sufficiently responsible for their own actions and have developed the necessary bike handling skills and fitness levels in order to cope with riding on the public highways. If you do not wish your child to be involved in these sessions then please tick the box below.

Please tick if you do not want your child to be involved in coaching sessions that take place on the public highway.
(see note 8 above)

Have you participated in any form of cycling before: Yes No

Primary School Secondary School Club Local Authority Coaching Sessions

Other (please specify) _____

Parental Consent

I, being the parent/carer of _____ have read the information contained on this form and hereby consent to him/her taking part in the coaching sessions and understand and agree that he/she participates in coaching sessions under instruction by British Cycling coaches entirely at his/her own risk. I have considered the nature of such sessions and have discussed them with him/her. I am satisfied that he/she is sufficiently responsible and competent to assume full and entire responsibility for his/her own safety under the supervision of a British Cycling coach. I confirm that he/she does not have disability or medical condition that could affect his/her ability to ride safely as a cyclist.

Medical Information

Please detail below any important medical information that our coaches/club should be aware of (e.g. epilepsy, asthma, diabetes,)
Medical condition(s) and recommended treatment/actions to be taken if symptoms occur

If you have any concerns about your child participating in any form of physical activity, then please consult your GP before giving permission for your child to take part in any coaching sessions.

Emergency contact details to be completed by parent/carer

Please indicate below the person that should be contacted in case of an incident/accident.

Contact Name _____ Relationship to child _____

Date _____ Signature of Parent/Guardian _____

Emergency contact number: Home _____ Mobile _____