

Membership application

name _____
 address _____

 date of birth _____ age _____
 telephone home _____
 work _____
 mobile _____
 email _____
 (please ensure that you write your email address as clearly as possible)

Membership fees (please tick appropriate box)

- | | | | |
|--|--------|--|--------|
| <input type="checkbox"/> Adult – Racing | €50.00 | <input type="checkbox"/> Under 16 Years | €20.00 |
| <input type="checkbox"/> Adult – Leisure | €40.00 | <input type="checkbox"/> Under 14 years | Free |
| <input type="checkbox"/> Under 18 Years | €30.00 | <input type="checkbox"/> Life member (by election) | Free |

Club races 2012 Please tick if you plan to enter the Bray Wheelers club races in 2012.
 Participants in the club races will be required to marshal at least one race.

Marshalling requirement

As part of my membership of Bray Wheelers, I agree to marshal at the following open race (please tick appropriate box):

- Shay Elliott Memorial, 13th May 2012
 Christy McManus Memorial, 9th June 2012

DECLARATION

I wish to become a member of Bray Wheelers Cycling Club and I hereby undertake to abide by all rules of the club, to know and adhere to the rules of the road and abide by all the decisions of the executive committee. I understand and accept that because of the possibility of accidents and mishaps occurring at speed, there exists a possibility of serious physical injury and damage to property occurring and I therefore agree to indemnify Bray Wheelers Cycling Club, its committee, members and agents from liability for personal injury or loss of any kind whatsoever and from liability for any loss or damage to property which I may, at any time, sustain. I declare that I am medically and physically fit and able to participate in Cycling Activities. I acknowledge that I must, and I agree that I will, disclose any pre-existing medical or other condition that may affect the risk that either I or any other person will suffer injury, loss or damage. Should you be in any doubt, advice should be sought from your family doctor. I agree to follow any rules set by the organiser in connection with any Bray Wheelers cycling activities. In particular, I acknowledge that is compulsory to wear a helmet at all times during Bray Wheelers cycling activities.

signature _____
 date _____

If the applicant is under 18 years of age, the following section must be completed.

I/we being the parent/parents/legal guardian of the applicant, having read and understood the above declaration, agree to being bound by its clauses, on the applicants behalf and give my/our consent for the applicant to participate in the activities of Bray Wheelers Cycling Club.

signature _____ date _____
 signature _____ date _____

Please return the application forms, together with the appropriate fee, to:

Liam Murphy, 4 Pembroke Vale, Herbert Road, Bray, Co. Wicklow

