

Membership application

name _____
 address _____

 date of birth _____ age _____
 telephone home _____
 mobile _____
 email _____ Male Female
 (please ensure you write your email as clearly as possible)

Membership fees (please tick appropriate box)

- Adult – Racing €50 U23 Student – Racing (ID required) €25
 Adult – Leisure €40 U23 Student – Leisure (ID required) €20
 Life member (by election) free U18 (born 1999 and after) free
 Family membership: 50% discount for second or subsequent family members
 (married or partners, children or parents, living at one address)
 Name of first family member _____

Club races Please tick if you plan to enter the Bray Wheelers club races this season.
 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 event (please tick):

- Shay Elliott Memorial, Sunday 12th May 2019
 Christy McManus & Ronnie Coates Memorial, Saturday 27th July 2019

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 it is compulsory to wear a helmet at all times during Bray Wheelers cycling activities. Bray Wheelers reserve the right of membership.

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 _____

Club membership should be paid online at www.cyclingireland.ie

The completed form must then be emailed, with CI payment ref no, to: braywheelers@gmail.com

Alternatively: Return the completed application form, together with a cheque or postal order, to:
 Lloyd Berry, 2 Hillview House, Pottery Road, Dun Laoghaire, Co. Dublin. Tel 086 172 8973

