

Cornwall MTB - Membership Application Form

2016/17



Member Details

Full name	
Date of Birth	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address including postcode	
Email	
Telephone No.	

Emergency Contact Details

Full name	
Telephone No.	
Relationship to you	

I wish to apply to become a member of the Cornwall MTB Club in the following category:

<input type="checkbox"/> Full year	£15.00	<input type="checkbox"/> ½ year	£10.00
------------------------------------	--------	---------------------------------	--------

Please note: Yearly membership runs from 1st November. Half yearly membership runs from 1st May.

Disclaimer

I have read, and agree to abide by, the rules laid down by the committee of the Cornwall MTB Club (available on the club website). I certify that participation in any Cornwall MTB Club activity is at my own risk. I understand that the organisers and people responsible for such activities will accept no liability for accidents or damage whatsoever. With my signature (or that of a legal guardian), I expressly state that I will make no claims against the above mentioned representatives in case of damage or injury.

I understand that it is my responsibility to ensure I have suitable and adequate 3rd party liability insurance. Please confirm that you are insured with one of the following approved insurers:

<input type="checkbox"/> London Cycling	<input type="checkbox"/> British Cycling	<input type="checkbox"/> CTC	<input type="checkbox"/> Other (please state)
Expiry Date			
Approved [admin use only]			

Signature: Date:

Signature of Parent/Guardian (if under 18):

Please return your completed applications and payment (cheques payable to Cornwall MTB Club) to:
Chris Stanyon, Cornwall MTB Club Secretary, 6 Tides Reach, Newquay, Cornwall TR7 3NN