



BEACON WHEELERS

2019 MEMBERSHIP FORM

I wish to apply for / renew my membership of Beacon Wheelers

I agree to abide by the rules of the club.

I understand the nature of the club's activities, and that in the case of an accident no claim may be made against any club official or event organiser in respect of the accident or any other circumstances relating to that accident.

Send Cheques made payable to BEACON WHEELERS to the CLUB SECRETARY

Mrs Lorraine Egglestone - 5 Cypress Way, Carleton Heights, Penrith, CA11 8UN beaconwheelers@yahoo.co.uk

Personal Details

(Please notify the Membership Secretary (above) of any subsequent changes during the year.)

Full Name of Each Family Member				
Date of Birth				
Home Address				
Email		Phone Number		
I enclose my Annual Membership Subscription of:				
Adult (First / Second Claim)	£10.00		First Claim Club (If Applicable)	
Junior (16 – 18 years old)	£10.00			
Youth (Under 16)	£5.00			TOTAL PAYMENT
Signed			Date	

Medical Declaration

Please Tick Box if you have any medical conditions (Please list full details and any care information list overleaf)

If you have any concerns about you or your children participating in any form of physical activity then please consult your GP before taking part or giving permission for your child to take part in any Beacon Wheelers activities.

Data Protection

In joining Beacon Wheelers you agree that the information we hold about you can be held on computer and on paper file and that any information that you give us may be used for purposes relating to BW club events, BW time trials, open CTT time trials and BC road/track races.

If you do not wish this information to be used please tick this box.

Please note that Beacon Wheelers and club registered photographers may take photographs/video footage at events. These could be used in coaching resources, placed on the BC or BW website / social media feeds, or for general publicity purposes. If you object to photographs/video footage of your child being used in this way, please tick the box. The name of your child will not be published without seeking permission.

Parental Consent (must be completed for all members 16 or under)

I hereby consent to my child taking part in the coaching sessions organized by Beacon Wheelers.

I understand and agree that my son/daughter participates entirely at his/her own risk.

Signed (Parent/Guardian): _____ Date: _____

Emergency Contact Details Name _____ Relationship to Participant _____

Contact Number(s) _____ Or _____