

## Membership Application Form

### Your Details

Forename(s) _____	Surname _____
Address _____ _____	Title _____
_____	Date of Birth _____
_____	E-Mail Address _____
Post Code _____	Phone _____
Receive correspondence from Barrow CW by email	Yes / No

### Payment Details

Item	Notes		Tick	Fee
Full Membership		Under 18	<input type="checkbox"/>	£10.00
		Unwaged	<input type="checkbox"/>	£10.00
		Over 18	<input type="checkbox"/>	£15.00
Second Claim Membership	For people who wish to ride our events but are already full members of another club. 2 <sup>nd</sup> Claim members are eligible for trophies or prizes.		<input type="checkbox"/>	£15.00
Insurance	<p>You must be insured to race on the highway. Members must arrange their own private insurance.</p> <p>For full Cycling UK (CTC) and BC Information contact the Secretary.</p> <p>Please make cheques to <b>Barrow Central Wheelers</b></p> <p>On-Line membership available at <a href="https://www.britishcycling.org.uk/club/profile/3012/barrow-central-wheelers">https://www.britishcycling.org.uk/club/profile/3012/barrow-central-wheelers</a></p>			
			<b>Total</b>	

### Declaration / Consent

The details given on this form are correct to the best of my knowledge and if accepted will abide by the rules of the club.

Signed \_\_\_\_\_ Date \_\_\_\_\_

If you are under the age of 18 you must get a parent or guardian to sign the consent form below:

I, the under-signed, understand and agree that my son/daughter participates in Barrow Central Wheelers activities entirely at his/her own risk. I have considered and understand the nature of such events and have discussed them with my son/daughter. I am satisfied that my son/daughter is sufficiently responsible and competent to assume the full and entire responsibility for his/her safety whilst engaged in Barrow Central Wheelers activities. I agree that my son/daughter shall participate in Barrow Central Wheelers activities without any liability whatsoever on the part of the promoter, promoting club, officials or members in respect of any injury, loss or damage however caused. I confirm that my son/daughter as a competitor does not have any disability or medical condition, physical or mental that could affect his/her ability to take part in Barrow Central Wheelers activities. If otherwise I shall inform the Barrow Central Wheelers official in charge of activities.

Name \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please send to the Treasurer: Jonny Hill, 34 Cowlarns Road, Barrow-in-Furness, Cumbria, LA14 4HJ