

2010/11 Club Membership Application

The following memberships are available for this year
Junior (Aged 15 or under) - £5 **Senior (aged 16 or over) - £10**
Family (Adult with more than 1 Junior residing at the same address) - £15

Personal Details

Full Name:		Sex (circle as appropriate):		M	F
Address:					
Postcode:			Date of Birth:		
Email:			Telephone:		
BC Licence No:		Licence Type:		Expiry Date:	

Membership Applied For:

Membership Type (circle as appropriate):	Junior - £5.00	Senior - £10.00	Family - £15.00
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For Family Membership - Additional Applicants:

Full Name:		Date of Birth:		Sex: M F	
BC Licence No:		Licence Type:		Expiry Date:	
Full Name:		Date of Birth:		Sex: M F	
BC Licence No:		Licence Type:		Expiry Date:	
Full Name:		Date of Birth:		Sex: M F	
BC Licence No:		Licence Type:		Expiry Date:	
Full Name:		Date of Birth:		Sex: M F	
BC Licence No:		Licence Type:		Expiry Date:	

Emergency Contact Details:

Contact Name:		Relationship to Member:	
Home Telephone:		Mobile Phone:	

Disability Information:

The Disability Discrimination Act 1995 defines a disabled person as anyone with a "physical or mental impairment, which has a substantial and long term adverse effect on his or her ability to carry out normal day-to-day activities"

Do you consider yourself to have a disability (circle as appropriate):	Yes	No
If yes, what:		

Medical Information:

Please detail any medical conditions the Club should be aware of and recommended treatment to be taken if symptoms appear:
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Additional Parental Consent (for all riders under the age of 16):

I give consent for my son/daughter's membership to Western Titans BMX. I agree that my son/daughter will abide by the rules set out in the Club's Constitution and Welfare policy, and that Western Titans BMX, its officials, agents and associates, have no liability for loss of property, accidents or injuries to my son/daughter however, so caused. I agree to notify the Club of any medical condition that may effect my child's ability to safely participate in BMX events or training sessions. I further agree that in my absence, should my child require medical attention as a result of any injury sustained during a club activity, consent to treatment may be authorised by a club official.

Name of parent/guardian:	
Signature of parent/guardian:	Date:
Applicant Signature:	
Signature of Main Applicant:	Date:

Please return this form, together with the appropriate fee (cheques payable to Western Titans BMX Club), to:

Marc Stewart, Race Secretary, Western Titans BMX Club, 11 Ashgrove, Bathgate, EH48 1LS