

PERSONAL INFORMATION (PLEASE PRINT)

NAME OF PARTICIPANT (first/last): _____

ADDRESS: _____

CITY: _____

POSTAL CODE: _____

TELEPHONE: _____

E-MAIL: _____

BIRTH DATE (mm/dd/yyyy): _____

GENDER: MALE FEMALE

EMERGENCY CONTACT INFORMATION

NAME OF CONTACT: _____

TELEPHONE: _____

MEMBERSHIP OPTIONS (PLEASE CIRCLE YOUR OPTION): Sign-up until November 7th for a reduced rate.

Free 2010 Club Jersey included in your 2010 Club Membership (Option A or B only)

Option A: Basic Club Membership - \$130 – Includes Cycling BC Insurance.

Option B: Race License Club Membership - \$100 – Cycling BC Race License # (mandatory): _____

Option C: Affiliate Membership for riders from other clubs - \$30 – Club name: _____

Payment amount: _____ with CASH or CHEQUE Jersey colour: white black Size (XS,S,M,L,XL,XXL): _____

PANCREATIC CANCER RESEARCH DONATION:

The Glotman Simpson Cycling Club is honoured to support Pancreatic Cancer Research and the BC CANCER FOUNDATION. A donation as small as \$25 will make a difference and your help is appreciated. You will receive a tax receipt from the BC Cancer Foundation if requested.

DONATION AMOUNT: \$25.00 \$50.00 \$75.00 \$100.00 \$250.00 \$500.00 OTHER: _____

Tax receipt requested: YES NO

EVENT WAIVER AND INDEMNITY (PLEASE PRINT)

RELEASE AND INDEMNITY (PLEASE READ CAREFULLY)

I acknowledge that by signing this application, I am releasing the Glotman.Simpson Cycling Club and its directors, officers, managers, and members from liability. This release is with legal consequences and I have been advised to read it carefully before signing.

I acknowledge that cycling is an inherently dangerous sport and I fully realize the dangers of participating in bicycle rides specifically training, racing and motor pacing and fully assume the risks associated with participation including, by way of example, and not limited to the following: the dangers of colliding with pedestrians, cars and other riders.

I understand and agree that situations can arise during the training rides, instruction and races, which are beyond the immediate control of the club and race officials or organizers, and I must continue to ride in a manner that is not endangering to myself or others.

I accept responsibility for the condition and safety of my equipment such as the bicycle and all of its components, wheels and tires.

I will wear an ANSI approved hard shell helmet on all training rides and while participating at coaching or instruction clinics.

This agreement may not be modified orally, and a waiver of any provision shall not be construed as a modification of any other provision.

Applicant name (print please): _____

Signature of applicant: _____ Date: _____

Parent / Guardian name (if under 18): _____

Signature of Parent / Guardian: _____ Date: _____

Witness (print please): _____

Signature of witness: _____ Date: _____

Mailing Address: **Glotman Simpson Cycling Club**
1637 West 5th Ave
Vancouver BC, V6J 1N5

MEMBERSHIP NUMBER:
Date received:
For office use only!