



# MANCHESTER BMX CLUB



## Application for Club Membership - 2018

The following categories of membership are available for the calendar year 2018:

**Junior** (aged 15 or under) - £5.00

**Senior** (aged 16 or over) - £10.00

**Family** (all residing at same address) - £15.00

<b>Membership Applied For:</b>			
Membership Type (circle as appropriate):	Junior - £5.00	Senior - £10.00	Family - £15.00
<b>Personal Details</b>			
Full Name:	Sex (circle as appropriate):		M F
Address:			
Postcode:	Date of Birth:		
Email:			
Home Telephone:	Mobile Phone:		
<b>For Family Membership - Additional Applicants:</b>			
Full Name:	Date of Birth:	Sex: M F	
Email:	Mobile Phone:		
Full Name:	Date of Birth:	Sex: M F	
Email:	Mobile Phone:		
Full Name:	Date of Birth:	Sex: M F	
Email:	Mobile Phone:		
<b>Applicants registered Club for competing:</b>			
Will the applicant(s) be racing for Manchester BMX Club in 2018? (circle as appropriate): Yes No			
<b>Emergency Contact Details:</b>			
Contact Name:	Relationship to Member:		
Home Telephone:	Mobile Phone:		
<b>Disability Information:</b>			
The Disability Discrimination Act 1995 defines a disabled person as anyone with a "physical or mental impairment, which has a substantial and long term negative effect on his or her ability to carry out normal daily activities"			
Do you consider yourself to have a disability (circle as appropriate): Yes No			
If yes, what:			
<b>Medical Information:</b>			
Please detail any medical conditions the Club should be aware of and recommended treatment to be taken if symptoms appear:			
<b>Additional Parental Consent (for all riders under the age of 16):</b>			
I give consent for my son/daughter's membership of Manchester BMX Club, I agree that my son/daughter will abide by the rules set out in both the Club's Constitution and the Code of Conduct, as will any parent/carer/family member attending. I also agree that Manchester BMX Club, its Officials, Agents or 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.			
<b>Name of parent/guardian:</b>			
<b>Signature of parent/guardian:</b>		<b>Date:</b>	
<b>Applicant Signature:</b>			
<b>Signature of Main Applicant:</b>		<b>Date:</b>	

Please return this completed form, together with your membership fee (cheques made payable to Manchester BMX Club), to:  
Claire McBride, 11 Plantation Avenue, Walkden, Salford, M28 3GY