Membership Form



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Name:						DOB		
Address:								
Post Code:					Contact -	Tel:		
Contact Tel:								
Medical con	iditions:]	
ICE (In Case of Emergency) Tel. No. and contact next of kin and relationship								
Name:								
Tel: .					F	Relationship:		
Member Insurance: By agreeing to become an affiliated member of Connect Cycling and participating in group rides organised by Connect Cycling, you will be covered by our 3rd party insurance policy. Please note you will only be covered from when the ride commences from the designated starting and finishing point which will normally be Green Pastures Church for both unless a different location is chosen by the group or ride leader.								
It is your responsibility to have your own insurance to cover your ride to and from this location.								
Group activities (e.g. club runs): In the event of an emergency, group members will give as much assistance as possible but neither the club nor its members undertake any responsibility for your safety, you must assume full responsibility for your own safety and compliance with the law of the land relating to road travel.								
You must ride in accordance with the CC Road Discipline and follow instructions issued/given by the Ride Leader.								
Data Protection: Any information provided about you will be kept confidential and secure. It will only be used for the purpose of contacting you regarding club matters and activities. The club may take photographs or video footage during club activities. These images could be used by the club for general publicity purposes and posted on social media.								
Safety & Behaviour: It is strongly recommended that a cycling helmet be worn at all times during cycling activities.								
You are required to ensure that your bicycle is roadworthy and legal and has the necessary kit and provisions to take part in the ride, and you are confident in riding a bicycle.								
Any member who persistently misbehaves, including use of abusive or threatening language, or put others in danger will be asked to leave an activity and will not be allowed to continue. In this event the group reserves the right to terminate their membership with immediate effect.								
Group membership card: A membership card will be issued to you, it will display your contact details, emergency contact details and any medical conditions you may have and members are required to carry this card at all times when participating in all cycling activities.								
Medical Information: You are required to declare to the Ride Leader any medical conditions you feel may affect your ability to cycle (e.g. Asthma):								
I confirm I have	read and unders	stand and will com	nply with the CC R	oad Discipline dod	cument.			
I also accept that Connect Cycling cannot be held responsible for any personal injury, accident or public liability during the cycle ride or any event held by Connect Cycling								
Name: (print	t):							
Signature:								

Date: