



CTC Member Registration Form

Name:		Membership No:	
<ul style="list-style-type: none"> I understand that the information will be shared with registered CTC Peterborough Ride Leaders. I understand that the mobile telephone number I give will only be used should I become separated from the group during a ride. I understand that my named contact will only be contacted if, due to an incident, I am not capable of making contact myself. I Understand that CTC Peterborough will retain all information provided me in compliance with current UK GDPR. 			<input type="checkbox"/> Please tick to indicate that you have read the statements and accept them.
Personal Mobile Tel No: <i>(the mobile I carry on rides)</i>			
Primary Contact Name:			
Tel No:	Relationship:		
Secondary Contact Name <small>(In case your primary contact might be unavailable)</small>			
Tel No:	Relationship:		
All member riders who participate in CTC Peterborough rides, agree to the following:			
<ul style="list-style-type: none"> only participate in a club ride if they consider themselves to be sufficiently fit and healthy to complete the ride; ensure that their bike is in a safe, legal and roadworthy condition; ride in a manner that complies with the guidance for Riding Safely in a Group published on the CTC Peterborough website. Consent to images of me, taken at CTC Peterborough events, being published on the CTC Peterborough Website and on the CTC Peterborough social media. I consent to me <i>being identified</i> by name. 			<input type="checkbox"/> Please tick to indicate that you have read and agree.
Name / Sign:	Date:		