

# MANCHESTER BMX CLUB

## Application for Club Membership - 2015

The following categories of membership are available for the calendar year 2015:

**Junior** (aged 15 or under) - £5.00

**Senior** (aged 16 or over) - £10.00

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

Personal Details	
Full Name:	Sex (circle as appropriate): M F
Address:	
Postcode:	Date of Birth:
Email:	
Home Telephone:	Mobile Phone:
<b>Membership Applied For:</b>	
<b>Membership Type</b> (circle as appropriate): Junior - £5.00 Senior - £10.00 Family - £15.00	
<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>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, it's 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.	
Name of parent/guardian:	
Signature of parent/guardian:	Date:
<b>Applicant Signature:</b>	
Signature of Main Applicant:	
Date:	

Please return this completed form, together with your membership fee (cheques made payable to Manchester BMX Club), to:  
Catherine Baker, 18 Hayfield Road, Bredbury, Stockport, SK6 1DE

