



SUNSHINE COAST CYCLING 2012 MEMBERSHIP FORM

Last Name: _____ First Name: _____ Male Female

Address: _____

Town: _____ Postal Code: _____

E-mail _____ Tel: _____

Emergency contact: _____ Tel: _____

Date of Birth (dd/mm/yy): _____ Cycling BC racing age in 2012 (*your age on December 31st 2012*) _____

Check the appropriate discipline:

Mountain Bike Road Adventure BMX Triathlon General & Volunteer Other: _____

Registration Fee:

- \$ 45** for non-licensed members (includes \$36 Cycling BC Membership/insurance)
Family rate of \$25.00 per annum applies to club fees only. Example - family of 4 would pay \$169 (\$36 x 4 plus \$25)
- family of 6 would pay \$241 (\$36 x 6 plus \$25)
- \$ 10** for non-riding members (club fee only - no insurance)
- \$ 10** for licensed members **or** members of other Cycling BC insured clubs.
Cycling BC License # _____ or pending

I acknowledge that by signing this application, I am releasing Sunshine Coast Cycling and its directors, officers, managers, volunteers 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; dangers of injury from riding on trails with natural and man made obstacles. 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 and wheels and tires. I will wear a 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.

Name: (print) _____ Date: _____

Signature of Applicant: _____

Name parent or legal guardian if under 18: (print) _____ Date: _____

Signature of parent or legal guardian: _____

Mail to: Sunshine Coast Cycling, c/o Jackie Stanhope, 8110 Alderwood Road. Halfmoon Bay, B.C.VON 1Y1

Or Drop off at: Off The Edge Bike Shop in Sechelt or Spin Cycles in Gibsons

Make check payable to: Sunshine Coast Cycling Club

Note: See page 2 for membership benefits



www.sunshinecoastcycling.ca

Sunshine Coast Cycling Member Benefits

- Access to weekly Sunshine Coast Cycling rides
- Team apparel at Sunshine Coast Cycling rates (partly subsidized)
- Access to organized clinics on various topics (bike repair and maintenance, sport performance, etc.)
- Cycling BC membership and privileges including Cycling BC insurance coverage (www.cycling.bc.ca)
- Technical support at selected bike races
- Accommodation allowance for mountain, road and adventure races
- Sunshine Coast Cycling Newsletter
- Discounts at local bike shops

For more information on Club Events and Membership Benefits you can check our website at

www.sunshinecoastcycling.ca

For questions regarding membership please contact Jackie Stanhope at jstanhope@dccnet.com