



## **OLD PORTLIANS CYCLING CLUB**

### **Junior Membership Form**

We are very pleased to welcome you to the *Old Portlians Cycling Club*.

To ensure we have the correct contact details for you, please fill out this form and give it back to *Iain Hawthorn*.

If you are under 18, please also ask your parent or carer to sign the form before it is returned. We will also use this information to ensure that you are kept informed about club events.

**Name**

**Address**

**Postcode**

**Home telephone number**

**Mobile\***

**Email\***

**Date of Birth**

\* Neither the mobile number nor the email should be that of the child – this could make children vulnerable and is considered poor practice. For a child/young person these details should be those of the parent/carer.

Whilst it is not compulsory that the following section is completed the footnote at the end of this template explains why it is important.

## Disability

The Disability Discrimination Act 1995 defines a disabled person as anyone with ‘a physical or mental impairment, which has a substantial long-term adverse effect on his or her ability to carry out normal day-to-day activities’.

**Do you consider yourself to have a disability?**      Yes       No

**If yes, what is the nature of your disability?**

Please detail below any important medical information that our coaches/junior coordinator should be aware of:

Visual impairment        
Hearing impairment        
Physical disability        
Learning disability        
Multiple disability        
Other (please specify)

## Sporting information

**Have you ever received cycle coaching before?**      Yes       No

**If yes, where?** (please indicate below and state at what level in the box)

Primary school              
Secondary school              
Local authority coaching session(s)           

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Club  
County  
Other (please specify)

  

### Medical information

Please detail below any important medical information that our Coaches/Junior Coordinator should be aware of (e.g. epilepsy, asthma, diabetes etc) or any medical conditions you feel we need to know about below.

If you have any concerns about your child participating in any form of physical activity then please consult you GP before giving permission for your child to take part.

### Emergency contact details

To be completed by the parent/carer

Please insert the information below to indicate the person(s) who should be contacted in event of an incident/accident.

**Contact name e.g. parent/carer**

**Emergency contact number**

### Declaration

By returning this completed form, I agree to my son/daughter/child in my care taking part in the activities of the club.

I understand that I have read and understood the activities of the Old Portlians Cycling Club from the club's website, [www.oldportlianscc.co.uk](http://www.oldportlianscc.co.uk) together with the Old Portlian Cycling Club's Code of Conduct.

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I understand in the event of injury or illness all reasonable steps will be taken to contact me, and to deal with that injury/illness appropriately.

I understand and agree that my son/daughter participates in club activities entirely at his/her own risk. I have considered the nature of such activities and have discussed them with my son/daughter. I am satisfied that my son/daughter is sufficiently responsible and competent to assume full and entire responsibility for his/her own safety while on the public highway.

It is the parent's/guardian's responsibility to ensure that his/her child's bike is in a safe condition to ride. All riders must wear a cycling helmet at all times during club activities.

I acknowledge that the Old Portlians Cycling Club requires junior riders to:

- start and finish an on-road journey safely
- observe the environment and factors that may affect their riding
- signal their intentions to other road users
- ride on the correct part of the road they are using
- pass side roads, parked or slower moving vehicles
- turn right and left on a major and minor road
- take the correct carriageway lane when they need to (e.g at roundabouts)
- demonstrate a basic understanding of the Highway Code.

**Name of parent/carer:**

**Signature of parent/carer:**

**Date:**

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