

**Membership Form 2016 *(1st Feb 2016 to 31st Jan 2017)***

|  |  |  |
| --- | --- | --- |
| **Age** | **Cost £** | **Tick option(s) required** |
|  18+ | 15.00 |  |
| 16-17 | 12.50 |  |
| Youth (under 16) | 10.00 |  |
| Student | 12.50 |  |
| Unemployed | 10.00 |  |
| Affiliate | 5.00 |  |

*\*please note club membership is required in order to obtain a BCF licence and to ride at Regional level or above.*

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_ Age (this year)\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Postcode\_\_\_\_\_\_\_\_\_\_\_\_ Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E.Mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*I / my son / my daughter would like to join the Bournemouth BMX Club and understand that the club, its servants or agents are not under any liability whatsoever for the loss of property, accidents or injuries to me / him / her, however caused. *(\*Please delete as necessary)***

**Please make cheques payable to BOURNEMOUTH BMX CLUB and return to: Emma Johnson, 80 Bargates Christchurch, Dorset Bh23 1ql.**

 **In case of query email: Michael@mwhittaker.orangehome.co.uk or contact mobile: 07971579328**

 **Emma at ej1978@icloud.com 07891 211675**

**Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_**

 **Note: A parent or guardian must undersign this form, if the applicant is under 16.**

 **Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_**

**DATA PROTECTION LEGISLATION**

Your details will be held on a permanent basis on our exclusion registration at BOURNEMOUTH BMX CLUB, in accordance with the data protection act. The information will be held in compliance with the Data Protection Act 1998. For further information about how we take care of and use your information please ask for a copy of the Council’s Leaflet “Access to your personal information”.

Bournemouth BMX Club operates the Child Protection policy as laid out by the British Cycling Federation. Copies of this are available from the Chairman or BCF direct**.**

**Another way of helping the club is to become a registered Affiliate member, anyone can join, parents, guardian etc, please tick this box **

**BOURNEMOUTHBMX.CO.UK** **THE PLAYING FIELDS, IFORD LANE, IFORD, BOURNEMOUTH, BH6 5NF**

# Rider Information and Parental Consent Form

*for Participating in Coaching Sessions in a Traffic-Free Environment*

## 1. Rider’s Details

|  |  |  |  |
| --- | --- | --- | --- |
| First Name: |  | Surname: |  |
| Gender: | 🞎 Female 🞎 Male | Date of Birth: |  | Age: |  |
| Address: |  |  |
|  | Postcode: |  |
| Home Tel: |  | Mobile: |  |
| Email: |  |
| Cycling Club:(if appropriate) |  |

## 2. Emergency Contact Details

|  |  |  |  |
| --- | --- | --- | --- |
| First Name: |  | Surname: |  |
| Relationship to Rider: |  | Home Tel: |  |
| Work Tel: |  | Mobile: |  |

## 3. Medical and Specific Needs

|  |
| --- |
| Please give details of any medical or health conditions that might affect your participation in cycling and what support/modifications are needed |
|  |
| Please list any medications you take on a regular basis |
|  |
| Please give details of any specific needs that the coach should be aware of, and what support/modifications are needed  |
|  |

## 4. Other Rider Information

|  |
| --- |
| Previous cycling experience |
|  |
| What other sports do you participate in regularly? How often? |
|  |
| Why are you attending the sessions? |
|  |
| What do you want to achieve from the sessions? |
|  |
| In the long term what do you want to achieve from your participation in cycling? |
|  |
| Please detail any other specific information that is relevant to participation in cycling activity sessions |
|  |

## 5. Consent for Participating in Coaching Activities in a Traffic-Free Environment

#### Parental/Guardian Consent

I, being the parent/guardian of [*insert name of child*] have read the information on this form and the following notes, and consent to my child taking part in the coaching sessions conducted in a traffic-free environment. I understand and agree that my son/daughter participates in coaching sessions under the instruction of British Cycling coaches entirely at his/her own risk. I have considered the nature of such sessions 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 under the supervision of a British Cycling coach.

**Notes**

* You are giving consent for your child to participate in coaching sessions conducted in a traffic-free environment (eg not on the public highway). However, you should note that in some instances it might be necessary for the coach to move riders from one location to another, which may require limited use of the public highway. In these instances the riders will be under the direct supervision of the coach and it will not be part of a coaching activity. No coaching activities will be conducted on the public highway.
* It is part of the British Cycling Code of Conduct to ensure that reasonable steps are taken to establish a safe environment where young riders can enjoy developing their cycling skills. Parents/guardians are welcome to stay and watch the session but this is not compulsory.
* Young riders are expected to remain in the session from beginning to end, unless they have to leave early. If the rider has to leave early, or is being collected by someone other than the parent/guardian, the parent/guardian must advise the coach of the details of the arrangement, including who will be collecting the rider.
* Any young riders who persistently misbehave or put others in danger will be asked to leave the sessions and will not be allowed to attend in future.
* 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 the coaching sessions.

Please ensure you make a note of any medical conditions your child has/you feel the coach should know about in Section 3 of this form. If you have any concerns about your child participating in any form of physical activity, please consult your GP before giving permission for your child to take part in the coaching sessions.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date: |  |
| COACH USE ONLY**Any other relevant information regarding the rider (eg preferred learning style, stage of development, ability level, etc)** |
|  |

### New Website logo 3 copy

### Photographic Consent form for use by Bournemouth BMX Club

Name of Child .......................................................... Date of Birth .....................................

Occasionally we may take photographs of the children at the club. We may also make video recordings that may also be used.

To comply with the Data Protection Act 1998, we need your permission to use these photographs and video recordings. Please return this consent form along with your membership form to: Penny White, Membership Secretary.

Name of Parent/Guardian ..................................................................

Signature .............................................................................................

Date ...........................