



Bournemouth Arrow Cycling Club

Make the most of your cycling

Affiliated to:- British Cycling, Cycling Time Trials, CTC, Bournemouth and District WCA, Wessex Cyclo Cross League and the British Schools Cycling Association.

Membership Renewal / Application Form 2020

We use the British Cycling club management tool to administer membership.

You can also apply for and pay for club membership directly through the club pages on the British Cycling website. By completing this membership form;

- you give your express permission to share your/ your child / cared for person's data with British Cycling, and
- you should be aware that you will be sent occasional email updates about British Cycling and will have the opportunity to unsubscribe from these updates at any time.
- You accept to be bound by the Club's constitution and code of conduct.

Adult / Carer

First Name: _____ Surname: _____

Address: _____

Postcode: _____ Date of Birth: _____

Phone Number – Home: _____ Mobile: _____

E-Mail: _____

Can we contact you by email? Y/N

Previous Cycling Clubs/Experience: _____

Reg. Disabled: Y / N Sex: Male / Female

Please list any medical conditions and medication here:

First Claim _____ Second Claim _____

Membership fee: Adults - £20,

Family - Adults with children under 16 years of age - £30,

2nd Claim - Not competing in the name of the Club: £15

NOTE Priority given to 1st Claim members where club activities are limited by numbers.

I fully accept that neither the Club, nor its officers nor its committee shall be in any way liable for any injury, to person or property, sustained in any of the Clubs activities.

Signature: _____ Date: _____

Please email completed the Membership Form to: baccgr@icloud.com

Please use online banking to Bournemouth Arrow CC using

Sort Code 40 – 38 – 21, Account No 81333216, giving Reference SUBS + (YOUR NAME)

Child

First Name: _____ Surname: _____

Date of Birth: _____ School: _____

Reg. Disabled: Y / N Sex: Male / Female

First Name: _____ Surname: _____

Date of Birth: _____ School: _____

Reg. Disabled: Y / N Sex: Male / Female

First Name: _____ Surname: _____

Date of Birth: _____ School: _____

Reg. Disabled: Y / N Sex: Male / Female

Please list any medical conditions and medication here:

PARENTAL CONSENT (required for those under 18 years old)

I _____ here by give consent to the above named child/children or junior applicant/s taking part in the Club and fully understand that the Club, its Officers and Committee will in no way be held liable for any injury to person or property sustained during such activities and that members of 12 years of age and under shall at all times be accompanied by either a parent or carer.

Signature: _____ Date: _____

The information you have provided will be held for administration purposes only in connection with ClubMark, will be seen only by club officials and coaches and held in accordance with the Data Protection Act. Your information will be removed from the Club's database within one year of membership lapsing, please note that you will also be subject to and terms and conditions of the British Cycling website and club management tool. By supplying this personal information you have given your consent for the Club to hold and use it for this purpose.