**Sorrento Cycling Club**

(Founded 1968 – Affiliated to Cycling Ireland)

**2017 MEMBERSHIP FORM**

Name.............................................................................................................................................

Address...................................................................................................................................................

Mobile/Home phone numbers...........................................................................................................

E-mail Address. ............................................................……………………………………………………

Emergency Contact Details Name/Mobile No**. …………………………………………………………….**

**Membership Type (see below)………………………………………………...........**Age (if under 18).......

**Membership Fees: €**

Senior 25

Junior/Student/Unwaged 10

Schoolboy 5

Associate Member 5

Life member (existing) 0

Life member (new, available in 20th year of membership) 50

Anniversary Levy 2016 – 2018 10 **(payable by all members)**

**The club fee does not include any Cycling Ireland/IVCA licence fees !**

**Licence Type**

Please tick which you hold **Cycling Ireland CI Licence No……………………………..**

**I.V.C.A IVCA Licence No. ………………………..**

**DECLARATION**

I wish to become a member of Sorrento Cycling Club and I hereby undertake to abide by all the rules of the club, to know and adhere to the RULES OF THE ROAD and to abide by all the decisions of the Executive Committee. I UNDERSTAND AND ACCEPT THAT BECAUSE OF THE POSSIBILITY OF ACCIDENTS AND MISHAPS OCCURRING AT SPEED THERE EXISTS A POSSIBILITY OF SERIOUS PHYSICAL INJURY AND DAMAGE TO PROPERTY OCCURRING and I therefore agree to indemnify Sorrento Cycling Club, its committee, members and agents from liability for personal injury or loss of any kind whatsoever and from liability for any loss or damage to property which I may at any time sustain.

**Signed**.........................................................................................................**Date** ..............................

**If the applicant is under 18 the following section must be completed.**

I/We being the parent/parents/legal guardian of the applicant having read and understood the

Above declaration, agree to being bound by all its clauses on the applicants behalf and give my/our

consent for the applicant to participate in the activities of Sorrento Cycling Club. I am satisfied that my son/daughter is sufficiently responsible and experienced to assume full and entire responsibility for his/her own safety whilst engaged in cycling activities on the public highway. In an emergency I/We can be contacted on the following phone number(s):…………………………………………………………

**Signed.**...................................................................................………………….**Date** .......................

**Signed.**........................................................................................................... **Date** .......................