



RIDER APPLICATION / LICENCE

<input type="checkbox"/> New Member	<input type="checkbox"/> Renewing Member <i>Existing Rider ID No.</i>
--	---

(Please Print)		
Surname		
First Name		
Address		
City	State	Post Code
Date of Birth / /	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Phone (H)	(W)	(M)
E-mail.		

Membership Type (✓ tick selection)			
<input type="checkbox"/> Senior \$80+\$20 club fee	<input type="checkbox"/> Junior(U19) \$60+\$20 club fee	<input type="checkbox"/> Social (non competitive) \$42+\$20 club fee	<input type="checkbox"/> C.A. (value add) \$36+\$20

Family Club Fee \$30

Signature of Club Official	Date / /
--------------------------------------	----------------------------------

MEMBERSHIP RECEIPT: This receipt will only be recognised for one calendar month from the date of issue, and will be the only receipt recognised when a member collects their number at a race meeting, until such time as the member receives their MTBA laminated membership card.

NAME.	DATE OF BIRTH / /	AMOUNT PAID.
DATE OF ISSUE. . . . / /	CLUB C.V.ROCKY RIDERS MTB Club	CATEGORY.
SIGNATURE OF CLUB OFFICIAL		

In Consideration of and as a condition of acceptance of my membership of C.V.ROCKY RIDERS MTB CLUB Inc., I the person whose signature appears on this entry form:

1. Hereby acknowledge that I am aware of the nature of the courses and I am aware of the risks to persons and property inherent in this activity and certify that I am medically fit and able to take part in the events;
2. Hereby agree to abide by any rules of C.V.Rocky Riders MTB Club Inc. and the directors of any race, officials and their assistants;
3. Hereby for myself, my heirs, executors or administrators, waive all and any rights or claims which I may otherwise have against the joint promoters and any officials, assistants and representatives of all persons associated with these events for any injury, damage or loss of any description whatsoever which I may suffer or sustain in the course of the events or consequent upon my entry or participation in these events;
4. Undertake to wear an approved helmet at all times when racing and when practicing the courses;
5. Undertake to practice the courses before commencing any race organised by C.V.ROCKY RIDERS MTB CLUB Inc. and if this is not possible, race with due regard to the knowledge that I have not examined the course; and
6. Hereby acknowledge that I am required to help at races when requested by the race director or Rocky Riders committee members.
7. I hereby declare that I am aware of no reason why I should not be issued with the licence requested. I assume exclusive liability for the application and the use I shall make of the licence.
8. I undertake to respect the Constitution and Regulations of MTBA. I shall participate in cycling competitions or events in a fair and sporting manner. I shall submit to disciplinary measures taken against me and shall take any appeals and litigation before the authorities provided for in the regulations.
9. Should I participate in a cycling race where a drug test is requested, I agree to submit to such drug tests. I agree that the results of the analysis may be made public and communicated in detail to my club, team, or trade team or to my coach or doctor. I undertake to submit protests concerning drug abuse to the court of arbitration for sport (CAS), whose decision I shall accept as final. I agree that my doctor or the doctor of my team or trade team may, communicate to it a list of ant medicines I took and treatment I underwent before any given competition.
10. I accept the conditions regarding blood tests and to undergo blood tests.
11. I have read and understood the above declaration.

SIGNED **Date**/...../.....

Declaration by parent or Guardian. If you are under 18 years of age this additional declaration must be signed by your parent or guardian. I certify that I am the parent / legal guardian / acting in loco parent of.....who has my consent and I certify that I have read and understood the above Declaration.

SIGNED **Date**/...../.....

Office Use Only
Signature of Administrator

..... **Date**/...../.....