

Please complete this form clearly, and send to: *G. Buckle, Rosebud Cottage, 2 Church Road, Stowupland, Suffolk, IP14 4BG*, and enclose cheque made payable to 'Stowmarket & District Cycling Club' or BACS transfer to 40-43-37 61497804 for the membership option selected.

## MEMBERSHIP TYPE

*(Please tick, all membership fees are paid annually)*

Adult (£25)

Under-18's (£10)

2<sup>nd</sup> Claim (£15)

## ABOUT YOU

Full Name:

Address:

  

Postcode:

Phone No.

Email:

Gender:

Date of Birth

## YOUR CYCLING INTERESTS

  

## FEES & AGREEMENTS

Date:

Fee enclosed:

Parental consent required for all Under 18s. Please see separate form on page 3 which **MUST** be completed before minors attend their first ride.

I agree to the GDPR & Ride Terms & Conditions (see pg2):

Signature:

## GDPR TERMS & CONDITIONS

*When you become a member of or renew your membership with **Stowmarket & District Cycling Club** you will be registered for an online account with British Cycling. We will provide British Cycling with your personal data which they will use to enable access to an online portal for you (called My Dashboard) on the British Cycling website. British Cycling will use your personal data in accordance with its Privacy Notice which can be accessed at <https://www.britishcycling.org.uk/staticcontent/info--Privacy-Policy-0>. British Cycling will contact you to invite you to sign into and update your dashboard (which, amongst other things, allows you to set and amend your privacy settings). If you have any questions about the continuing privacy of your personal data when it is shared with British Cycling, please contact [compliance@britishcycling.org.uk](mailto:compliance@britishcycling.org.uk)."*

## Club Ride Terms & Conditions

SDCC tries to make its rides and other activities as safe as is reasonably practicable, however, cycling cannot be risk free and is inherently dangerous. We are not a professional concern, just amateurs inviting other club members and friends to join us for a ride. Every rider must be responsible for their own safety and you are required to comply with the rules of the road. All cyclists *must wear a helmet, and we recommend wearing cycling gloves to reduce the risk of cuts and bruises in case of a tumble. We also recommend cycling glasses to protect your eyes.*

It is strongly recommended that you take out 3<sup>rd</sup> Party Liability Insurance with a suitable company, e.g. British Cycling or Cycling UK, to whom we are affiliated.

All riders should carry ID, emergency contact details, any relevant medication and should be fit to ride.

Riders should also carry tools and equipment to repair a puncture, money, a snack, drinks and a phone for emergency situations.

## Rider Details

Name:

Gender:

Age:

Date of Birth:

Address:

Home Telephone:

Mobile Telephone:

Email:

## Emergency Contact Details

Name:

Relationship to Rider:

Home Telephone:

Mobile Telephone:

## Medical and Specific Needs

It is your responsibility (that of a parent/guardian/carer if under the age of 18) to provide Stowmarket & District Cycle Club (The Club) with details of any medical or health conditions, allergies, dietary or other specific needs that might affect this rider's ability to participate in cycling. Please note that The Club is unable to provide guidance or make decisions relating to medical or health conditions. If you have any concerns about this rider participating in any form of physical activity, please consult with your GP before signing the consent form.

Please give details of any medical or health conditions, allergies, or dietary or specific needs that might affect this rider's participation in cycling and what support/modifications are required

Please list any medications taken by the rider on a regular basis. (This information may be required by the emergency services in the event of an accident)

## Parental/Guardian/Carer Consent for Riders Under the Age of 18

I have read and understood the information on this form and The Club has satisfactorily answered any questions I have asked. I understand and agree that my child participates in The Club activities entirely at their own risk. I confirm that the information I have provided is correct and complete to the best of my knowledge.

### Type of Consent (Delete as appropriate)

Consent for moving from one location to another on the public highway Yes / No

Consent for participating in prescribed training (aged 14 or older) Yes / No

Consent for appropriate photographs and videos for publicity purposes Yes / No

### Signed:

Name:

Relationship to rider:

Signature:

Date:

List of kit to carry: Contact and medical details, helmet, water, tube, tyre levers, pump

Added suggestions: Rain Jacket, Phone, Cash, Gel