



New Member Registration Form

Your Details

Your Name : _____

Date of birth : ___ / ___ / _____ Male / Female *(please circle the correct one!)*

I ride: Road / Mountain / Anything with wheels *(please circle one)*

Physical Address : _____

Email Address : _____

Contact Phone : _____ *(For event cancellation/Postponement etc)*

Medical conditions *(eg. Allergies, Asthma, Bee stings, Cycling up hills)*

Emergency contact *(This is the first person that we will contact for you)*

Their Name : _____

Their Phone : _____

Personal Responsibility Bit

I understand that whilst all sports can sometimes be dangerous, every endeavour has been taken to run BCC events safely, and that I am mature enough to take responsibility for my own actions.

Signed : _____ Date : ___ / ___ / _____