



**comeragh cycling club
waterford**

COMERAGH CYCLING CLUB APPLICATION FORM 2019

I, the undersigned, wish to be accepted as a member of Comeragh Cycling Club. I hereby undertake to abide by all the rules of the club as set out in the Club Constitution/Code of Conduct at all times (A copy of the Constitution/Code of Conduct is available on request).

NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____ **AGE:** _____

CONTACT PHONE NO: _____

EMAIL ADDRESS: _____

NEXT OF KIN: _____

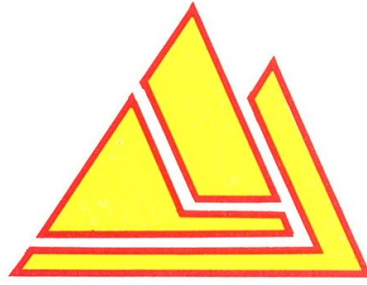
CONTACT PHONE NO: _____

MEDICAL CONDITIONS (Asthma, allergies etc.) _____

TYPE OF LICENSE REQUIRED (Please tick): Leisure _____
Racing(Please circle Cat.) _____ **A1/A2/A3/A4**
(Please specify M40/M50/M60)
Junior _____
Underage (Please state age group) **U12/14/16**
Club Competition _____
MTB/Restricted _____

For Senior riders - As part of my club membership I agree to make myself available for our Annual Summer League which all members are required to do 2 nights of marshalling and the Comeragh Youth Academy League & training spins (Approx 4 times over an 8 month period). I also agree to help out if required with other events like "The Copper Coast Sportive" etc.

Signed: _____ **Date:** _____



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Affiliated to F.I.C. and U.C.I.