

2010

Club Membership Form

We are pleased to welcome you to 1st Chard Wheelers CC. To ensure that we have the correct contact details for you, please insert the information requested below and return this form to: Paul Barratt, Combe Hill Cottage, Combe St. Nicholas, Chard TA20 3NP. If you are under 16 please also ask a parent or carer to sign this form before it is returned. We will also use this information to ensure that you are kept informed about club events.

Name: Address: Postcode: Email:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Date of Birth: Telephone Home: Mobile: Tick box if you <u>do not</u> wish to receive Newsletters via email: <input type="checkbox"/> (otherwise leave blank)
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The Disability Discrimination Act 1995 defines a disabled person as anyone with 'a physical or mental impairment, which has a substantial and long-term effect on his or her ability to carry out normal activities'.

Do you consider yourself to have a disability? Yes No

If yes, what is the nature of your disability?

Visual impairment <input type="checkbox"/>	Hearing impairment <input type="checkbox"/>
Physical disability <input type="checkbox"/>	Learning disability <input type="checkbox"/>
Multiple disability <input type="checkbox"/>	

Other (please specify):

Have you taken part in much cycling before? Yes No

If yes, where have you taken part?

Primary School <input type="checkbox"/>	Local authority coaching session(s) <input type="checkbox"/>
Secondary School <input type="checkbox"/>	General leisure cycling <input type="checkbox"/>
Club <input type="checkbox"/>	

Other(please specify)

Medical information - Please detail below any important medical information that our coaches/club should be aware of (e.g. Epilepsy, asthma, diabetes, etc).
 Medical condition(s) and recommended treatment/actions to be taken if symptoms appear:

If you have any concerns about your child participating in any form of physical activity then please consult your GP before giving permission for your child to take part in coaching sessions or club rides.

Emergency contact details to be completed by parent/carers if U16.
 Please indicate below the person who should be contacted in case of accident/incident

Contact name:.....Relationship to child:.....
 Emergency contact numbers Home:..... Mobile:.....