

VC. walcot

Club Membership form

Please complete this form and return to:

VC Walcot Secretary
6 Braysdown Lane
Peasedown St John
Bath, BA2 8HQ

Please enclose a cheque for £10 made payable to "Velo Club Walcot".
Membership valid until 1st April 2012.

Title* Mr/Mrs/other... MR Surname... SHAW

First Name(s) ... RUPERT ALEXANDER

Address ... 4 Lower Cannon Place
BATH

Telephone Number ... +61 413 290 047

E-mail ... rupertshaw@yahoo.com

Please tick if you do not wish to receive information via e-mail

Do you have any medical conditions
or injuries that may affect your cycling? Yes/No*

If yes, please specify.....

Emergency Contact Details:

Name ... COLIN SHAW

Address ... 109 ALBERT ROAD WEST, BATH, BA1 9ED

Telephone Number ... +44 1204 844189

I understand that taking part in cycling activities involves inherent risks and agree to behave in a safe and responsible manner to reduce these risks for other club members and myself. All club activities are undertaken at my own risk and I agree that no member or officer of Velo Club Walcot accepts personal liability.

If under 18 this form must be signed by a Parent/guardian.

Signed... [Signature] Date... 15.05.11

Parent/Guardian... N/A Date.....

* Delete as appropriate