



Tornado

Road Cycling Club



Membership Form 2018

First Name: _____ Surname: _____

Address: _____

_____ Postcode: _____

Phone Number (Home): _____ Mobile: _____

E-Mail Address: _____

Date of Birth: _____ Tick if under 18 yrs old Sex: Male / Female

Please list below any medical conditions and medication that we should be aware of:

I fully accept that neither the Club, nor its officers nor its committee shall be in any way liable for any injury, to person or property, sustained in any of the Clubs activities:

Signature: _____ Date: _____

Membership Fees: £20

Please complete the form and return to:

Mrs E. Wyeth, Wisteria Cottage, 14 Wiltshire Road, Bransgore, Christchurch, BH23 8BH

Please make cheques payable to Tornado RCC. Bank Transfer: A/C 28475224 S/C 56-00-35

If you have ticked yes to being under 18 years of age, please obtain parental consent:

I _____ here by give consent to the above named child applicant taking part in the Club and fully understand that the Club, its officers and committee will in no way be held liable for any injury to person or property sustained during such activities and that members of 12 years of age and under shall at all times be accompanied by either a parent or carer.

Parent Signature: _____ Date: _____

The information you have provided will be held for administration purposes only, will be seen only by club officials and held in accordance with the Data Protection Act. By supplying this personal information you have given your consent for the club to hold and use it for this purpose.