

Membership Application and Renewal Form 2022

Welland Valley CC

All members are requested to complete this form in order that our records are brought up to date. As part of our Club Mark accreditation we are required to keep details of medical conditions or disabilities which are relevant to cycling sport. Any under 16 year olds who are also joining as Whizz Kids should contact Kevin Nicholls our Youth Development Officer.

Please fill in the boxes which are shaded in grey and return the form with any cheque to the Membership Secretary.

Club Membership Secretary - John Welsford	
Address:	2 Norton Lane Gaulby Leics LE7 9BU
Tel:	07860 330279
email	john@gaulbyps.co.uk

Membership Fees	
Seniors	£15.00
Over 65s	£5.00
Junior (17 to 18) and full time student to 21	£5.00
Youth (12 to 16)	Free
Go Ride (under 12)	Free
Family Membership	£22.50
Second Claim Members	£7.50
Voluntary contribution for youth development	£

Please tick as appropriate

I enclose a cheque payable to Welland Valley CC for £.....

Or: I have paid £..... by BACs to Welland Valley CC sort code 30-95-96, account number 17673460

Please put your name as the reference

Personal Details of Individual

Name		Gender	Male	Female
Address		Date of birth		
		Telephone		
		Mobile		
Post Code		Email		
<i>Club communications will be sent to your designated email address if given</i>				

Membership Type

Members who belong exclusively to Welland Valley CC are deemed first claim members.

Members who belong to another club as first claim members may join (at the committee's discretion) but will not be eligible to score in club events.

Application type	Renewal	or	New Member	Member of other cycling club (if applicable)
Status	First Claim	or	Second Claim	

Family Membership (if applicable)

Name	Date of birth	Gender	Email Address and mobile no. - if any
		M / F	
		M / F	
		M / F	
		M / F	

Disability Discrimination

The Disability Discrimination Act 1995 defines a disabled person as anyone with, 'a physical or mental impairment, which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.'

Do you consider yourself to have a disability?	Yes	No
If yes, what is the nature of your disability?	Visual Impairment	
	Hearing Impairment	
	Learning Disability	
	Physical Disability	
	Multiple Disability	
	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, a recent injury, etc).

Medical Condition	Recommended Treatment / Action to be taken if symptoms appear

Emergency Contact Numbers (who we can contact if you are involved in an incident)

Name	Number	Relationship

Photography

By taking part in WVCC events participants should be aware that they consent to the taking of photographs and their publication on WVCC website and other marketing media. WVCC cannot be held responsible for photographs taken or published by individual members.

WVCC will make every effort to limit shots taken, or published on its website, of riders in the under sixteen categories to images which involve racing or formal training or formal club on-the-bike activities.

Off-the-bike shots of U 16s will be limited to groups of riders unless provided by and with consent from a parent or guardian of the young person.

Data Protection

The information you supply will be held by the club in digital format. This information will only be used for club business. It will be retained for this year only. It will not be shared with any other organisation.