

## Application for Membership of Gateway Cycling

### Name of Member

First Name

Surname

DOB

### Additional Family Member Names and DOB

### Address

Street Address

Street Address Line 2

Town

Postcode

### Telephone

Phone Number

### Mobile

Phone Number

Add my mobile phone number to the Gateway Cycling WhatsApp group. I understand that all members of the group will see this number.

### Email

If any applicants are British Cycling members, please add membership numbers here

### Membership

- Adult over 18 - £20
- Junior under 18 - £10
- Family - £30

**What are you interested in?**

- Club Runs
- Leisure Rides
- Time Trials
- Road Racing
- Training
- Mountain Biking
- Coaching
- Cyclo-Cross
- Other (please specify)

**Would you be interested in getting involved in the running of the club?**

- Helping at a time trial – For example: Marshall, Time Keeper, Sign on Marshall
- Helping with running and organising events
- Helping with club admin – website, email newsletter, etc.
- Helping to run a new event – For example: indoor winter training
- Planning and leading a ride
- Running a social event
- Coaching or assisting in coaching sessions
- I've got some business skills that could help the club – marketing, web design, graphic design, PR, etc.
- Other (please specify)

**What are your cycling goals for the next year?**

- Getting back on the bike
- Improving fitness
- Improving bike handling and confidence
- Road racing
- Time Trials
- Mountain Biking
- Going on my first club run
- Entering my first time trial
- Entering my first sportive
- I don't have a goal
- I just want to ride my bike
- Other (please specify)

## Ethnicity

### White

- British
- Irish
- Traveller of Irish Heritage
- Gypsy/Roma
- Any other White Background

### Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

Chinese

I do not want to say

### Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background

### Black or Black British

- Caribbean
- African
- Any other Black background

Any other ethnic background

## Religion

- Christian
- Jewish
- Other

- Buddhist
- Muslim
- No Religion

- Hindu
- Sikh
- I do not want to say

## Disability Information

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

Nature of Disability

## 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(s) and recommended treatment/actions to be taken if symptoms appear: If you have any concerns about you or your child participating in any form of physical activity then please consult your GP.

**Medical Information**

**Contact in case of emergency**

First Name

Surname

Phone Number

## Declaration

I wish to apply for membership of Gateway Cycling. I confirm that the information provided by me on this application is accurate.

First Name

Surname

Signature

Date

## Parental Consent

It is necessary to obtain consent for your child to take part in club activities. If you wish your son /daughter to participate then please read the following information, complete the form below and sign the Parental Consent Notice. All Coaches are trained British Cycling Coaches that have received training in Safeguarding and Protecting Children, and have been checked and cleared through the Disclosure and Barring Service. Any information provided about your child will be kept confidential and secure. It will only be used for the purpose of contacting you or your child regarding future club and coaching events. With your permission, the club may also take photographs/video footage during coaching and club events. These images could be used in coaching resources, placed on the club's website, or for general publicity purposes. If you are happy for photographs/video footage of your child to be taken and used in this way, could you please tick the appropriate box below.

By submitting this completed form, I agree to the child named above taking part in the activities of the club

I understand that I will be kept informed of these activities - for example timing and transport details

I understand that in the event of any injury or illness all reasonable steps will be taken to contact me, and to deal with that injury/illness appropriately

A cycling helmet must be worn at all time during activity.

Any participants who persistently misbehave or put others in danger will be asked to leave the activity and will not be allowed to continue.

### Parent/Carer Consent

First Name

Surname

Signature

Date

I am happy for photo/video footage to be taken of my child

Applications should be sent to:

General Secretary  
Gateway Cycling  
247 Forest Glade  
Langdon Hills  
SS16 6SX

Please make cheques payable to: Gateway Cycling