



# 2009 INDIVIDUAL MEMBERSHIP APPLICATION

## PERSONAL DETAILS

Surname : \_\_\_\_\_ First Name : \_\_\_\_\_

Date of Birth : \_\_\_/\_\_\_/\_\_\_\_ Gender :  Male  Female

Address : \_\_\_\_\_ Postcode : \_\_\_\_\_ Mobile Phone : \_\_\_\_\_

Email : \_\_\_\_\_ Occupation : \_\_\_\_\_

## YOUR CYCLING BACKGROUND

How many years have you been riding? \_\_\_\_\_ Average Km's per week? \_\_\_\_\_

Bunch Riding Experience?  Yes  No Racing Experience?  Yes  No

Your current fitness level?  Poor  Average  Good  Excellent

Reason for joining?  Insurance  Events  Coaching  Other \_\_\_\_\_

Are you currently a member of a BUG or Social Riding Group?  Yes  No If Yes, which group \_\_\_\_\_

How did you hear about us?  Friends  Internet  Herald Sun  Flyer  Other \_\_\_\_\_

If via Flyer where/how did you receive it? \_\_\_\_\_

## MEMBERSHIP PACKAGES

**ADULT**

**UNDER 19**

**Gold** - Annual Membership, Jersey, Knicks & Vest

**\$275**

**\$260**

**Silver** - Annual Membership, Jersey & Knicks

**\$189**

**\$174**

**Bronze** – Annual Membership & Jersey

**\$119**

**\$104**

**Standard** – Annual Membership

**\$55**

**\$40**

Clothing Sizes (where applicable) –

Jersey  XS  S  M  L  XL

Knicks  XS  S  M  L  XL

Vest  XS  S  M  L  XL

## PAYMENT OPTIONS

Credit Card

Card Type :  Visa  Mastercard  Bankcard

Name on Card : \_\_\_\_\_ Card Number : \_\_\_\_\_

Expiry Date : \_\_\_/\_\_\_ Amount : \_\_\_\_\_ Signature : \_\_\_\_\_

Cheque

Please make cheques payable to – CycleSport Victoria

Please return completed Membership Application form along with the attached Cycling Australia Membership Application form to





**2009 CYCLING AUSTRALIA  
MEMBERSHIP  
APPLICATION FORM**



<b>Please Tick Appropriate Box:</b>	<b>NEW MEMBER</b>	<b>RENEWAL OF MEMBERSHIP</b>	<b>LICENCE NUMBER:</b>	<b>TRANSFERRING MEMBER</b>
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Applicant must be accepted as a financial member of an affiliated club and a member of an affiliated constituent State Association before membership of Cycling Australia may be considered. PLEASE PRINT CLEARLY

**NAME OF CLUB - CYCLOSPORTIF VICTORIA**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATE OF BIRTH:    /    /

SUBURB/TOWN: \_\_\_\_\_ POST CODE: \_\_\_\_\_

PHONE (H): \_\_\_\_\_ PHONE (W): \_\_\_\_\_ MOBILE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**2008 CATEGORY**

**TYPE OF LICENCE: RIDE IT**

**GENDER: M F (CIRCLE)**

In signing this form I confirm that I have read and understood the conditions of membership of Cycling Australia, including drug testing as set out in the following pages.

Signed: _____	Date: _____ / _____ / _____
<b>To be signed by Guardian if under 18 years of age:</b>	Print name: _____
Signature: _____	Relationship to member: _____

This form, duly completed by the above mentioned applicant and club, shall be proof that such person has paid membership fees for the ensuing year. Such form must be produced when the above wishes to compete in all cycling events under the auspices of Cycling Australia (including club and state events). I certify that the applicant has produced proof of date of birth, copy attached (new members only) **This form does not replace a licence and is only interim proof of membership. It is only valid in original form, signed and stamped (club stamp) by the issuing club. The period of validity is for one calendar month from the date signed by the club official below.**

I acknowledge that I have received all membership fees for the above applicant.

Signed by the Club (appointed official) .....

Name of official.....Position held.....

Club Receipt No..... Date.....

**CLUB  
STAMP  
HERE**

Where this form has been downloaded or photocopied, two (2) additional copies are required in lieu of yellow and green copies.  
**THE AUSTRALIAN CYCLING FEDERATION INC, ALSO TRADING AS CYCLING AUSTRALIA**

## **CONDITIONS OF MEMBERSHIP**

### **UPON SIGNING THE MEMBERSHIP APPLICATION FORM AND LICENCE CARD, THE APPLICANT ACKNOWLEDGES THAT THEY HAVE READ AND UNDERSTAND THESE CONDITIONS**

1. I hereby declare that I am aware of no reason why I should not be issued with the licence requested. I declare that I have not applied for a licence for the same year to the UCI or to any other National Federation. I assume exclusive liability for the application and for the use that I shall make of the licence.

2. I hereby undertake to respect the Constitution and Regulations of the International Cycling Union, its Continental Confederations and its National Federations. I shall participate in cycling competitions or events in a fair and sporting manner. I shall submit to disciplinary measures taken against me and shall take any appeals and litigation before the authorities provided for in The Regulations.

3. All members/license holders are bound by the Australian Cycling Federation Anti-Doping Policy. This policy applies to:

- Any person competing in any competition under the control ACF or on any facilities of the ACF.
- Any person who has competed in the last 12 months or who has used ACF facilities in the last 12 months.
- Any person who is a member of the ACF, a State Cycling Association or any body affiliated to the ACF.
- Any person taking part in or involved with any sporting activity conducted or authorised by the ACF.
- Any person who administers, managers, coaches or assists in cycling.

All of the above are bound by the policy and must comply with it. Copies of the Policy are available from the office of ACF and on its website at [www.cycling.org.au](http://www.cycling.org.au). Furthermore:

- They are liable for selection by a drug-testing agency to provide samples for testing whether in Australia or overseas
- ACF and its authorized officers have the power to search bags, possessions, and clothing for prohibited substances and to take, keep and analyse any substance, which is found.

4. Should I participate in a cycling race where a drug test is conducted under the UCI Drug Test Regulations, I agree to submit to such drug tests. I agree that the results of the analysis may be made public and communicated in detail to my club, team or trade team or to my coach or doctor. I undertake to submit any protests concerning drug abuse to the "Court of Arbitration for Sport" (CAS), whose decision I shall accept as final. I agree that all urine samples taken shall become the property of the UCI, which may have them analysed, especially for purposes of health protection research and information. I agree that my doctor or the doctor of my club, team or trade team may, on a request from the UCI, communicate to it a list of any medicines I took and treatment I underwent before any given competition.

5. I accept the conditions regarding blood tests and accept to undergo blood tests.

### **6. ASSUMPTION OF RISK**

Section 74 of the Trade Practices Act ("the Act") implies a warranty of due care & skill into contracts for the supply of services to consumers, as defined in the Act. To the extent that the warranty applies to any contract relevant to the Release and Waiver of Liability, it cannot be excluded.

a) The PARTICIPANT must disclose any pre-existing medical or other condition that may affect the risk that either the PARTICIPANT or any other person will suffer injury, loss or damage.

b) The PARTICIPANT acknowledges that the ORGANISER relies on information provided by the PARTICIPANT, and the PARTICIPANT states that all such information is accurate and complete.

c) The PARTICIPANT acknowledges that cycling can be a dangerous activity. The PARTICIPANT recognises that there are risks specifically associated with the activity. The remoteness of the areas in which a ride takes place. sudden and unexpected changes in weather. Physical exertion for which the PARTICIPANT may not be prepared. Difficulties in evacuation if the PARTICIPANT is or becomes disabled.

d) The PARTICIPANT understands and acknowledges the dangers associated with the consumption of alcohol or any mind-altering substance before or during a ride, and the PARTICIPANT accepts full responsibility for injury, loss or damage associated with the consumption of alcohol or any other mind-altering substance.

e) The PARTICIPANT agrees with the ORGANISER in connection with the ride. In particular, the PARTICIPANT has been advised to wear an approved helmet at all times during the ride. If a PARTICIPANT fails to comply with the ORGANISER'S rules and/or directions, the PARTICIPANT will not be permitted to ride or to continue to ride, and no refund will be given.

f) The PARTICIPANT accepts all risks associated with the activity, including the possibility of injury, death, loss or damage.

g) The PARTICIPANT agrees to indemnify the ORGANISER against all claims made by any other person against the ORGANISER in respect of any injury, loss or damage arising out of or in connection with the PARTICIPANT'S failure to comply with the ORGANISER'S rules &/or directions.

h) The PARTICIPANT agrees and acknowledges that, to the extent permitted by law, the ORGANISER shall not be liable for any injury, loss or damage suffered by the PARTICIPANT or by any other person arising from or in connection with the PARTICIPANT'S participation in the ride, whether such injury, loss or damage was caused directly or indirectly by the negligence of the ORGANISER or otherwise, or by the ORGANISER'S servants or agents.

The PARTICIPANT hereby releases the ORGANISER from all such claims, and indemnifies the ORGANISER against all claims made by or on behalf of any other person.

i) To the extent permitted by law, the PARTICIPANT acknowledges & agrees that all warranties, covenants and stipulations are hereby excluded.

j) All accidents, injuries, loss or damage must be reported by the PARTICIPANT to the ORGANISER before the PARTICIPANT leaves the venue.

k) If the PARTICIPANT suffers any injury or illness, the PARTICIPANT agrees that the ORGANISER may provide evacuation, first aid and/or medical treatment at the PARTICIPANT'S expense, and the PARTICIPANT'S acceptance of these terms and conditions constitutes the PARTICIPANT'S consent to such evacuation, first aid and/or medical treatment.

l) I ACKNOWLEDGE THAT I HAVE READ THIS ASSUMPTION OF RISK AND THAT IT HAS BEEN EXPLAINED TO ME, AS REQUIRED. I FULLY UNDERSTAND ITS TERMS AND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I SIGNED THE DOCUMENT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

### **7. PRIVACY STATEMENT**

The ACF is committed to the protection and privacy of members' information. The ACF requires the information requested in this form in order to provide you with the membership services of the ACF. Any personal information provided will only be used in accordance with the objects and purposes of the ACF, ACF general business and to provide you with membership services. If the requested personal information is not provided you may not be able to receive the full benefits of membership of ACF. The ACF will not disclose any personally identifiable information obtained from you to other parties for purposes other than those stated above without your written consent, except in circumstances where disclosure is required to prevent a threat to health or life or is authorised by law or reasonably necessary to enforce the law. The ACF records members personal information on a national database protected by appropriate security protocols. The records of members who are accredited coaches or commissaires are also provided to the Australian Sports Commission for the purposes of administering these national accreditation schemes. Individuals will be able to access their personal information through the ACF upon reasonable notice.