
Oxford University Cycling Club Membership Form, 2007/8

Sections 1, 2, and 3 must be completed before being allowed to participate in any sport with OUCC.

Section 1 - Personal Details (Please complete in Capital Letters)

Name: (Mr/Mrs/Ms)

D.O.B: College/Dept:

E-Mail Address:.....

College/Mobile Number:.....

Home Telephone Number:

Home Address:

.....

..... Postcode:.....

Emergency Contact Name:

Emergency Contact Telephone Number:

Any other personal information which is of benefit to the University Cycle Club:.....

.....

1st Claim Club:.....

Do you (leisurely) ride:

On Road

Off Road

Do you (or would you like to) race:

Road

Track

MTB

Cross

TT

Tri

Status at Oxford:

Student

Staff

External

Do you need to be added to the cycling club email mailing lists:

Yes

No

Annual Membership of OUCC £25

Joint annual membership of OUCC and OUTri £35

(Please make ALL cheques payable to OUCC)

All members joining before 31st October 2007 received a free OUCC racing jersey with your membership, members joining after this date will get a free jersey subject to availability, please specify your size:

XS

S

M

L

XL

XXL

Section 2: Declaration (please ✓ or ✗ in the box as required)

I understand that there is an element of risk involved with the playing of all sports.

I have read the Risk Assessment, Code of Conduct, and Constitution of the Cycle Club as displayed on our webpage and I agree to abide by the clubs guidelines at all times. Where qualified coaches are in place, I agree to follow the coaches instructions. I agree that this may be a verbal, visual, physical or demonstrative form of communication. I will ask for further clarification of any ambiguous and/or inaudible instructions.

I understand that I will be asked to leave the club session immediately if deemed to be deliberately not following the Codes of Conduct or ignore instructions from the Club Coach.

I agree to this form being kept indefinitely by the Cycle Club, on the understanding that the disclosed information will be kept confidential, and shared only between the Club Committee and Coaches. Other than the club or where required in consultation with the University Sports Department and Sports Federation, the information on this form will not be supplied to any other third party.

Section 3: Medical Information (please ✓ or ✗ in the box as required)

I have 'No' medical condition which will prevent me from taking part fully in my sport.

I have a Medical Condition which may limit/prevent full and safe participation in my sport.

I agree to bring medication (where required) to all club sessions.

I will inform my club President if the **circumstances change** in the course of the academic year.

Before each club session I will inform Club Coaches and relevant members of the committee of any medication, allergies, injuries or other medical conditions which may affect my ability to participate fully in the sport on that day.

Name:

Signature:.....

Date:

**Please return this form with cheque to:
James Schofield (Treasurer) - Balliol College, Oxford, OX1 3BJ**
