

Glenmarnock Wheelers Cycling Club

(Affiliated to Scottish Cycling Union)

Sponsored by

datasafe

Record Storage & Management

Drummond

Racing

Surname Forename

Address Town

Postal code telephone

Email

Have you any medical conditions that the club should be aware of? **Yes/no**
If yes, please give details:

I agree to take part in club activities, entirely at my own risk and without any liability whatever, on the part of the **Glenmarnock Wheelers CC**, in respect of any injury, loss or damage suffered by myself, however caused.

I agree to abide by the rules of the **Glenmarnock Wheelers CC**.

Signed date

Patental Consent for Members Under 18 Years of Age

I as the Parent/Guardian of

Have read the above conditions and give my consent for the above child to become a member of the **Glenmarnock Wheelers CC**

Signature of parent or Guardian date

Club notes

Membership number

Category