



## NEWPORT VELO YOUTH CYCLING CLUB

### 2006 - Membership Application Form

Surname: ..... Date of application: .....

First Names: .....

Address: .....

..... Post code: .....

Date of Birth: ..... Tel No: .....

Signature: ..... New Member/Renewal  
(Delete as Appropriate)

Parents Signature .....

I have completed the medical questionnaire overleaf

This application is made on the full understanding that the individual concerned takes part in club activities entirely at their own risk and that Newport Velo cannot be held responsible for any accident, loss or injury of any kind whatsoever during the time of membership.

#### Fees:

Under 18                      £5.00

Total Fee enclosed: ..£.....

Cheques should be payable to Newport Velo and sent to :-

The Club Secretary  
Newport Velo Youth Cycling Club  
Pentwyn Farm  
Pentwyn Lane  
Nr Bettws  
Newport  
Gwent  
NP20 7AE

email: [newportvelo@btinternet.com](mailto:newportvelo@btinternet.com)

#### About Us

Newport Velo is a cycling Club based at Wales National Velodrome.

<http://www.newportvelo.com>

Its helpers are all volunteers who are dedicated to youth development in the sport of cycling and the importance of sport in personal development in general.

We believe that there is much to be gained from a Club such as Newport Velo.

Any help whatsoever that can be given in keeping the Club running and providing an important resource for the young people of East Wales and Borders will be greatly appreciated by the Club Membership and will, we assure you give you great personal satisfaction.

Newport velo are a Go -Ride club see  
<http://www.go-ride.org.uk>

or click the Go -Ride picture on the British Cycling web site:-

<http://www.cyclewales.org.uk>

<http://www.britishcycling.org.uk>

In the interest of safety the Club is now seeking certain information from all children joining.  
Please note all information is given in the strictest confidence.

Does your child have any medical problems? If so, please give details.

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Does your child have any known allergies or major dislikes, eg certain foods or materials? If so, please give details.

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Emergency contact name .....

Tel Number .....

Mobile Number .....

I consent to any emergency medical treatment necessary during the running of the club activities. I authorise an adult Club Member in his/her role as supervisor to sign any written form of consent required by the hospital authorities if the delay in getting my signature is considered by the doctor to endanger my child's health and safety.

YES/NO (Please delete as applicable)

Comments / Instructions:-

Parents Signature:- ..... Date:- .....