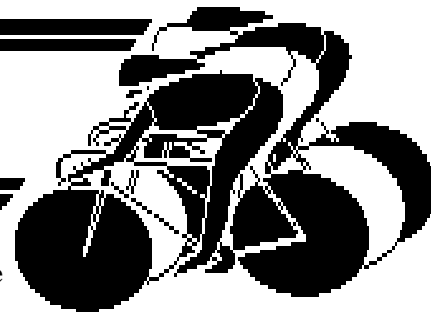




Scunthorpe Polytechnic Cycling Club

Established 1946



President J.D.Tighe
Sponsor Jack Tighe Limited
Shot Blasting
Specialised Coatings
Industrial Painting

Chairman A.D Pearson

Secretary Steve Parsons
25 Hartshead Avenue
Scunthorpe
North Lincolnshire
DN15 8AG

Telephone Home 01724 343862
Email scunthorpe.poly@ntlworld.com
Web www.scunthorpepoly.co.uk

Annual Club Membership & Subscriptions Form

To ensure **Scunthorpe Poly CC** has the correct information & contact details for you, please insert the information requested below and return this form along with the annual membership subscription **£15** for over 16 racing members or **£5** for under 16 & social / volunteer members to **Steve Parsons** at the above address

If you are under 16 please also ask a parent or carer to sign this form before it is returned.

Personal details

Name:	<input type="text"/>	Gender:	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Address:	<input type="text"/>	Date of birth:	<input type="text"/>			
Postcode:	<input type="text"/>	Telephone Home:	<input type="text"/>			
		No's. Mobile:	<input type="text"/>			
Email:		<input type="text"/>				

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 If yes, what is the nature of your disability?

Visual Hearing Physical Learning disability

Other (please specify):

Sporting information

Have you taken part in cycling before? Yes No If yes, where? (please indicate below)

Primary school Secondary school Club Local authority coaching session(s)

Other (please specify):

Are you a member of any other cycling club or body (please specify):

Medical Information

Detail below any important medical information that our coaches/club should be aware of (e.g. epilepsy, asthma, diabetes, etc).

Medical condition (s) and recommended treatment/actions to be taken if symptoms appear:

If you have any concerns about yourself or your child participating in any form of physical activity then please consult your GP before participating or giving permission for your child to take part in any of the clubs coaching, training or racing activities.

Emergency contact details

Please indicate below the person who should be contacted in case of an accident/incident

Contact name:	<input type="text"/>	Relationship:	<input type="text"/>
Emergency contact numbers	Home: <input type="text"/>	Mobile:	<input type="text"/>

Fees

Annual membership / subscription fees enclosed:	£ <input type="text"/>	Date	<input type="text"/>	Signature	<input type="text"/>
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