



Cyclist Application 2010
Covering period: January to December 2010

CLUB		LICENCE NO.	
Surname	Name		
Date of Birth	Place of Birth		
Nationality	I.D. Card Number		
Passport No	Passport Issued at		
Nationality	Occupation		

Postal Address	

Home Tel	Mobile No
Work/Office Tel:	Fax No.

E-Mail Address	
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Blood Group	Allergies
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Federation Membership Fees: (cheque payable to Malta Cycling Federation)
Under 18 Euros 30.00 - Club Members 40.00 Euros - Individual Euros 50
*Two passport size photos must be submitted with application and relevant fee

Declaration:
I wish to participate in races organized by the Malta Cycling Federation. I race and train completely at my own risk. Neither I nor my family may hold the Malta Cycling Federation, its officers, sponsors or helpers responsible for any injury, illness, damage or loss to my person or belongings before, during or following any racing event here or abroad. I will faithfully abide by the sporting ethics, rules, regulations and directions of UCI and MCF. I supply this data for MCF purposes. So far as I am aware, the data on this application is correct.

Signature: _____ Date: ____/____/____

****For cyclists below the age of 18, a further declaration is required by a parent or legal guardian:**

Name of Parent/Guardian: _____ (block letters)

Signature of Parent/Guardian: _____ Date: ____/____/____

Witnessed by Club PRESIDENT | SECRETARY | DELEGATE

Name _____ Signature: _____ Date: ____/____/____

Medical Certificate:
I have medically examined the above cyclist and certify that in my professional opinion, he/she is fit to participate in cycling events.

Dr. _____ Signature _____ Date of exam: ____/____/____

(**Important - Please include Doctor's Stamp with Medical Registration Number)