

MELITA PEDAL POWER CYCLING CLUB

Membership Form – Season 2010

NAME:		SURNAME	
ADDRESS:			
TEL NO :		MOBILE NO:	
I.D. No:		DATE OF BIRTH:	
PASSPORT NO:		EMAIL :	
NATIONALITY:		MEMBERSHIP FEE – EURO 20	PAID: YES / NO

DECLARATION

By my signature I declare that I am medically fit to ride in races and activities organised by the club, The Malta Cycling Federation (MCF) and its affiliates and that I participate at my own risk. Neither I nor my family may hold the club, the MCF and its affiliates, sponsors, officers and helpers liable for any injury, illness or damage or loss to my person or belongings before, during and after any such event. I will faithfully abide by all the rules, regulations and directions of the club, MCF and UCI (international cycling union) I supply this data for club and MCF purposes only.

SIGNATURE: _____ DATE: _____

NAME IN BLOCKS: _____

SIGNATURE OF PARENT/GUARDIAN (UNDER 18 ONLY) _____

NAME IN BLOCKS: _____

EQUIPMENT:

Any equipment provided to club members remains the sole property of Melita Cycling Club. Members are obliged to take care of this equipment. All members must return the complete gear should they wish to terminate their membership with the club. The Club Committee has the right to solicit its property at any time.