Cycle 4 Sick Children

Application Form

**Name** ……………………………………………………………………………………….  
  
**Address** ……………………………………………………………………………………  
  
**Date of Birth** …………..………… **Phone Number**: …………………………..

**Do you have any medical conditions which should be notified to the club?**

**No** …………… **Yes** …………….

**If yes, please provide full details** …………………………………………………..….

……………………………………………………………………………………..…………

………………………………………………………………………………………………

C4SC reserves the right to refer applicants to club doctor  
  
  
I understand cycling is on open roads and the Rules of the Road apply at all time. Membership is subject to being a member of Cycling Ireland, completed and accepted application form, and payment of the club fee. Wearing of helmet is compulsory on all spins.  
  
I agree to abide by the Rules of the Road and rules of C4SC as all times. | accept the club etiquette and ethos of the club. Failure to follow, the committee reserve the right to rescind a membership.

**Signed:** ………………………………………….. **Date** ……………………………….  
  
**Accepted by C4SC** ……………………………. **Date** ……………………………….

**Approved Yes** …………. **No** ……………

**If no,** **give reason** …………………………………………………………….…………….  
  
………………………………………………………………………………………………....