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** …………………………………………………..….

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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** …………………………………………………………….…………….

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