

# APPLICATION FOR MEMBERSHIP 2010

I hereby apply for membership of *Team Milton Keynes and Team Keyne*

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Post code \_\_\_\_\_ Date of birth \_\_\_\_\_  
 Tel (day) \_\_\_\_\_ (Eve) \_\_\_\_\_  
 Email \_\_\_\_\_ Gender Male / Female \_\_\_\_\_

**Disability Information**  
 The Disability Discrimination Act 1995 defines a disabled person as anyone with, 'a physical or mental impairment, which has a substantial & long-term adverse effect on his or her ability to carry out normal day-to-day activities.'  
**If you consider yourself to have a disability, please indicate the nature of that below ( please ✓ )**

Visual Impairment		Physical Disability		Multiple Disability	
Hearing Impairment		Learning Disability			
Other (please specify)					

**Sporting History**  
**Have you taken part in cycling or triathlon before? If yes, where? (please indicate with ✓ below)**

Primary School		Club (please detail below)
Secondary School		
Local Authority Coaching Session		

**Sporting Activities during 2010** Please ✓  
**Which of the following are you planning to participate in during 2010?**

Road / Circuit Racing		Triathlon - Ironman		Swimming	
Time Trials		Triathlon - Sprint / Olympic		Running	
Off Road Cycling		Duathlon		Cycle Touring	
Cycle Sportives		Saturday Club Rides		BMX	
Other (please specify)					

**Medical Information**  
 Please detail any medical information that our club or coaches should be aware of (e.g. epilepsy, asthma, diabetes, a recent injury, etc), medical condition(s) and recommended treatment/actions to be taken if symptoms appear:

\_\_\_\_\_

**N.B.** If you have any concerns about you or your child participating in any form of physical activity then please consult your GP before giving permission for your child to take part in cycling activity sessions.

**Emergency Contact Details**  
 Please indicate below the person who should be contacted in case of an incident/accident. If under 16, to be completed by parent/carer.

Contact Name		Relationship to Child (if applicable)	
Contact's Home Number:		Contact's Mobile Number:	

## Please tick the club activities at which you are able to help out in 2010:

Date	Event	Venue	Please ✓
6 and 20 March, and 10 April	TMK Season Starter Circuit Races	MK Bowl	
28 March	TMK Sportive (part of "MK Weekend of Cycling")	MK Bowl	
11 April	Big Cow Emberton Duathlon	Emberton Park	
25 April	25 Mile Open Time Trial	Botolph Claydon	
April – Aug	TMK Club Time Trial League (Mon evenings)	Various	
April – July	Trek Youth Challenge Series (Weds evenings)	MK Bowl	
14 May	TMK Mountain Bike Race (FNSS round 2)	MK Bowl	
6 June, 4 July and 19 Sept	Big Cow Sprint Triathlon Series	Emberton Park	
19 June	National Youth Series Circuit Race	MK Bowl	
4 July	Cowman Triathlon	Emberton Park	
25 July	Big Cow Milton Keynes Triathlon	Emberton Park	
22 August	Big Cow Inter Club Triathlon Championships	Emberton Park	
November	TMK Cyclo Cross Race (part of the Central League)	MK Bowl	
All year round	TMK Club Rides - group leaders / assistants (Sat AM)	Stony Stratford	

## Membership Fees 2010

TMK membership year runs from 1<sup>st</sup> January to 31<sup>st</sup> December

Category	Price	Please ✓
Adult Member	£22	
Household / Family (separate forms should be completed for each individual)	£37	
MKAC Member	£12	
Senior Citizen / Unwaged	£10	
16-18 Years Old	£10	
12-16 Years Old	£5	
Under 12 Years	FREE	

## First / Second Claim Membership

Team MK is the main club for which I compete in cycling or triathlon events	Yes / No (please circle)
If No, please state name of your main (first claim) club:	

## Membership Declaration

I understand and agree that I participate in all events promoted by Team Milton Keynes entirely at my own risk and that no liability whatsoever shall attach to Team Milton Keynes or to its officials, sponsors or members for any injury, loss or damage suffered by me by reason of the event, however caused. I have considered the nature of such sessions and I am satisfied that I am sufficiently responsible and competent to assume full and entire responsibility for my own safety. I confirm that I do not have any disability or medical condition (not disclosed) that could affect my ability to participate safely in cycling activity session. I also understand that I will be expected to assist at least once per year in the running and organisation of events when called upon by the Club Committee and to attend the AGM and any EGM called.

Signature \_\_\_\_\_ Subscription enclosed \_\_\_\_\_ Date \_\_\_\_\_

The PARENTAL CONSENT form overleaf must be completed on behalf of applicants under the age of 18 years

## Membership Benefits

- Regular club bike rides and training sessions for cycling, swimming and running
- Subsidised swim sessions at Stantonbury on Thursday evenings, plus Open Water Swim sessions
- Summer Evening Time Trials and Duathlon Races
- Local open Triathlons, Time Trials and Road-Races
- Top quality cycling and triathlon clothing in club colours sold to members at or below cost price
- Team Keyne youth squad for the under 18's
- Discounts at Big-Cow Events, Phil Corley Cycles, Body Limits Gym and The Sweatshop Xscape
- Inclusion in group permit to ride off road in Brickhill Woods
- Members website for news, results and communication
- Coaching workshops for all aspects of Cycling and Triathlon
- Social events, annual club dinner & awards

Please return your completed form and subscription (cheque payable to 'Team Milton Keynes') to the Membership Secretary: Claire Yearby, 53 Western Road, Wolverton, Milton Keynes, MK12 5AY



Team MK / Team Keyne

Claire Yearby 01604 633778

Email: clairevy@tiscali.co.uk

# PARENTAL CONSENT

To be signed by parent or guardian of applicants under the age of 18 years

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Post code \_\_\_\_\_ Date of birth \_\_\_\_\_  
 Tel.(day) \_\_\_\_\_ (Eve) \_\_\_\_\_

Being parent or guardian of \_\_\_\_\_

### Notes

1. It is part of the British Cycling Code of Conduct to ensure that reasonable steps are taken to establish a safe environment where young people can enjoy developing their cycling skills. Please also read the Team Keyne code of conduct for parents/carers and riders.
2. Parents/carers are welcome to stay and watch the session but this is not compulsory.
3. Young people are expected to remain in the session from beginning to end unless they have to leave early. If the young person has to leave early or is being collected by someone other than the parent/carer, the parent/carer must advise the coach of the details of the arrangement, including who will be collecting the rider.
4. It is the young person's responsibility to participate in cycling activities in a sporting manner.
5. Any young riders who persistently misbehave or put others in danger will be asked to leave the session.
6. It is the parent's/carer's responsibility to ensure that their child's bike is in a safe condition to ride.
7. A correctly fitting cycling helmet must be worn at all times during the cycling activity sessions.
8. All coaching sessions will be conducted by a Club Coach and will take place at a traffic-free facility.
9. Over 12s may be involved in club rides that take place on the public highway. Young people are only invited to take part when the coaches feel they are sufficiently responsible for their own actions and have developed the necessary bike handling skills and fitness levels in order to cope with riding on the public highways. Coaches may not be present at these rides.

<b>Please tick if you do not want your child to be involved in cycling activity sessions that take place on the public highways (See notes 8 and 9 above).</b>	<input type="checkbox"/>
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### Parental Consent

I, being the parent/carer of \_\_\_\_\_ have read the information contained on this form and hereby consent to him/her taking part in the cycling activity sessions and understand and agree that he/she participates in coaching sessions under the instruction of British Cycling qualified coaches entirely at his/her own risk. I have considered the nature of such sessions and have discussed them with him/her. I am satisfied that he/she is sufficiently responsible and competent to assume full and entire responsibility for his/her own safety under the supervision of a British Cycling qualified coach (see note 9). I confirm that he/she does not have any disability or medical condition (not disclosed overleaf) that could affect his/her ability to participate safely in cycling activity sessions.

- By returning this completed form, I agree to the child named above taking part in the activities of the club
- I understand that I will be kept informed of these activities - for example timing and transport details
- I understand that in the event of any injury or illness all reasonable steps will be taken to contact me, and to deal with that injury/illness appropriately

<b>Signature of Parent or Carer</b>	
<b>Name (please print name)</b>	
<b>Date</b>	

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