



MEMBERSHIP APPLICATION FORM 2010

Duration of membership (inc. Public Liability Insurance): is from time of application to 31st December 2010

New Member Renewal of Membership Licence No: _____ Office Use Only: _____

First time applicants **must** attach a **copy** of their birth cert, drivers licence or passport. (Documentation will not be returned)

Personal Details: Please complete all details in block capitals. Membership cannot be processed if all details are not supplied.

First Name: _____ Last Name: _____

Address: _____

Phone: _____ Mobile: _____

Email: _____

DOB: _____ Gender: M: F: Nationality: _____

UCI Country Code: I R L G B R Other If other (please specify) _____

Member of Cycling Ireland Club: Y: N: If Yes, Club Name: _____

Member of UCI Registered Team: UCI Pro Tour: Professional Continental: Continental Team:

U.C.I Team Name: _____

2010 MEMBERSHIP

Current Life Member:

Leisure/Domestic Competition Licence	U.C.I Category
Cycling/Leisure Member: Vet: <input type="checkbox"/> Senior: <input type="checkbox"/> Junior: <input type="checkbox"/> Youth: <input type="checkbox"/>	Cycling for All
Club Competition Member: Vet: <input type="checkbox"/> Senior: <input type="checkbox"/> Junior: <input type="checkbox"/> Youth: <input type="checkbox"/>	Cycling for All
Restricted Competition Licence: Vet: <input type="checkbox"/> Senior: <input type="checkbox"/> Junior: <input type="checkbox"/> Youth: <input type="checkbox"/>	Cycling for All
Restricted Domestic Competition (select one only): Track: <input type="checkbox"/> BMX: <input type="checkbox"/> Off Road: <input type="checkbox"/> TT: <input type="checkbox"/> Bicycle Polo: <input type="checkbox"/>	

Full National Competition Licence Category	U.C.I Category
Senior Men: A+: <input type="checkbox"/> A1: <input type="checkbox"/> A2: <input type="checkbox"/> A3: <input type="checkbox"/> A4: <input type="checkbox"/>	Men Elite: <input type="checkbox"/> Men Under 23: <input type="checkbox"/> Men Masters: <input type="checkbox"/> Para-cyclists: <input type="checkbox"/>
Senior Women: A+: <input type="checkbox"/> A1: <input type="checkbox"/> A2: <input type="checkbox"/> A3: <input type="checkbox"/> A4: <input type="checkbox"/>	Elite Women: <input type="checkbox"/> Women Masters: <input type="checkbox"/> Para-cyclists: <input type="checkbox"/>
Male Veteran: A+: <input type="checkbox"/> A1: <input type="checkbox"/> A2: <input type="checkbox"/> A3: <input type="checkbox"/> A4: <input type="checkbox"/>	Elite Men: <input type="checkbox"/> Men Masters: <input type="checkbox"/>
Female Veteran A+: <input type="checkbox"/> A1: <input type="checkbox"/> A2: <input type="checkbox"/> A3: <input type="checkbox"/> A4: <input type="checkbox"/>	Elite Women: <input type="checkbox"/> Women Masters: <input type="checkbox"/>
Junior (Male & Female) A2: <input type="checkbox"/> A3: <input type="checkbox"/> A4: <input type="checkbox"/>	Men Juniors: <input type="checkbox"/> Women Juniors: <input type="checkbox"/>
Male & Female Under 16: <input type="checkbox"/>	Youth: <input type="checkbox"/>
Male & Female Under 14: <input type="checkbox"/>	Youth: <input type="checkbox"/>
Male & Female Under 12: <input type="checkbox"/>	Youth: <input type="checkbox"/>

Off Road Category: OE (Elite): OX (Expert): OS (Senior): OM (Masters): OV (Veterans):

Endorsements: Manager: Soigneur: Doctor: Coach: Mechanic: Commissaire:

Do you require authorisation for overseas competition: Y: N:

(Only available to Full Competition Licence holders)

For International authorisation application must be accompanied by an electronic version passport style photograph

Overseas Competition Applicant Details:

Applicants who have changed their main residence within the past year and applicants who have residences in a number of countries should complete the section below.

Place and Country of Previous Main Residence if changed within one year: _____

Countries where applicant has other residences: _____

Authority that Issued Previous Licence: _____

Any authority that has refused to issue a licence over the past 3 years: _____

Are you currently serving a suspension Y: N: If yes, what authority issued the suspension and why? _____



Cycling Ireland, 619 North Circular Road, Dublin 1

Tel: 01 855 1522 Fax: 01 855 1771 Email: info@cyclingireland.ie Web: www.cyclingireland.ie



P.T.O. >



INSURANCE DETAILS

Personal Accident Insurance

Name of Insurance Company: Sportscover Europe

Duration of Validity of Policy: 1st Jan 10 – 31st Dec 10

Territorial Validity: Worldwide

Public Liability Insurance

Name of Insurance Company: Sportscover Europe

Duration of Validity of Policy: 1st Jan 10 – 31st December 10

Amount of Coverage: Limit of Indemnity €7.5 million. Worldwide

The Irish Cycling Federation Trading as Cycling Ireland Conditions of Membership

UPON SIGNING THE MEMBERSHIP APPLICATION FORM AND LICENCE CARD, THE APPLICANT ACKNOWLEDGES THAT THEY HAVE READ AND UNDERSTOOD THESE CONDITIONS.

- I hereby apply to be admitted as a member of Cycling Ireland, and agree that, if accepted, I will be bound by the Rules of the Federation.
- I understand, and agree, that I participate in events, whether on the public highway or otherwise, at my own risk, and that no liability whatever will attach to the promoter, promoting club, or any officials of any cycling event nor to Cycling Ireland, Provincial Board affiliated thereto, for any injury, loss or damage suffered by me in or by reason of any event however such may be caused.
- I hereby declare that I am aware of no reason why I should not be issued with the licence requested. I undertake to spontaneously return my licence in the event of any substantial change to the circumstances existing at the time of the application for a licence. I declare that I have not applied for a licence for the same year to the UCI or to any other national federation. I assume exclusive liability for this application and for the use that I shall make of the licence.
- I hereby undertake to respect the constitution and regulations of the International Cycling Union, its continental confederations and its national federations. I declare that I have read or have had the opportunity to become acquainted with the aforesaid constitution and regulations. I shall participate in cycling competitions or events in a fair and sporting manner. I shall submit to disciplinary measures taken against me and shall take any appeals and litigation before the authorities provided for in the regulations. I accept the Court of Arbitration for Sport (CAS) as the sole competent body for appeals in such cases and under the conditions set out in the regulations. I accept that the CAS shall be the court of last instance and that its decisions shall be definitive and without right of appeal. With those reservations, I shall submit any litigation with the UCI solely to the courts within whose jurisdiction the head offices of the UCI lie.
- I agree to submit to and be bound by the UCI antidoping regulations, the clauses of the World Antidoping Code and its International Standards to which the UCI anti-doping regulations refer and to the anti-doping regulations of other competent bodies as per the regulations of the UCI and the World Antidoping Code provided that they comply with that Code. I agree that the results of the analysis may be made public and communicated in detail to my club or team or to my paramedical assistant or doctor. I agree that all urine samples taken shall become the property of the UCI, which may have them analysed, especially for purposes of health protection research and information. I agree that my doctor or the doctor of my club or team may, on a request from the UCI, communicate to it a list of any medicines I took and treatment I underwent before any given competition.
- I accept the conditions regarding blood testing and accept to undergo blood tests.
- PRIVACY STATEMENT**
Cycling Ireland is committed to the protection and privacy of members' information. All details requested in this form are used for Cycling Ireland membership service purposes only. If the requested personal information is not provided Cycling Ireland may not be in a position to provide full membership services benefits. From time to time Cycling Ireland may make available members' details to other parties for the purposes of providing information on products and services of interest to Cycling Ireland members.
If you do NOT wish to receive this information please tick this box .

Declaration:

In signing this form I confirm that I have read and understood the conditions of membership of Cycling Ireland.

Consent and agreement of Parent or Guardian (if applicant is under 18 years).

I hereby give consent to my son, daughter or person for whom I have a legal responsibility taking part in cycling events under the rules of Cycling Ireland or any other National Federation affiliated to the UCI. I understand that such events may be run on open roads. I agree that no liability in respect of injury, loss or damage whatsoever shall attach to the promoter, promoting club, sponsor, race official, Provincial Federation or National Federation approving the event.

Signature of applicant: _____ Date: ____/____/____

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

Signature of Club Official: _____ Date: ____/____/____



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