



Boston Wheelers Cycling Club

www.bostonwheelerscc.org.uk

Club membership application form

We are very pleased to welcome you to Boston Wheelers Cycling Club. To ensure we have the correct contact details for you, please fill out this form. We will also use the information you provide here to ensure that you are kept informed about club events. If you have any questions regarding the completion of this form, please contact the Club Secretary via admin@bostonwheelerscc.org.uk

Whilst it is not compulsory, we also ask that the diversity and equality section of the form is completed in order to help the club monitor the needs of its membership.

Once complete, please return this form to the club secretary at the address below.

Name

Address

..... Postcode

Home Telephone

Mobile Telephone

Email

Date of birth

Preferred method of communication (tick one) Home tel. Text Email

Medical Information

Please detail any important medical information that the club should be aware of (e.g. epilepsy, asthma, diabetes, bee sting allergies etc)
.....

Emergency contact details - Please insert the information below to indicate the person(s) who should be contacted in event of an incident/accident.

Contact name (e.g. spouse/parent) Tel

By returning this completed form, I agree to abide by the clubs codes of conduct (a copy of these is available on request). Boston Wheelers Cycling Club reserves the right to refuse membership.

I consent to Boston Wheelers sharing my details with British Cycling Yes No

Print name

Signature Date

Once complete, please return this form to the Club Secretary by email at: admin@bostonwheelerscc.org.uk (a JPEG photo of the signed form is acceptable)



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Equal Opportunities and Diversity Monitoring

To assist us with effectively monitoring equality and diversity, please complete this monitoring form. This monitoring form will be treated confidentially with no reference to names

Ethnicity

- A. White
 - British
 - Irish
 - Any other white background (please specify)
 -
- B. Mixed
 - White and Black Caribbean
 - White and Asian
 - White and Black African
 - Any other mixed background (please specify)
 -
- C. Asian or Asian British
 - Indian
 - Pakistani
 - Bangladeshi
 - Any other Asian background (please specify)
 -
- D. Black or Black British
 - Caribbean
 - African
 - Any other Black background (please specify)
 -
- E. Chinese or other ethnic group
 - Chinese
 - Any other (please specify)
 -

Disability

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.

Do you consider yourself to have a disability?

Yes

No

If yes, what is the nature of your disability?

.....

Please detail below any important medical information that the Club should be aware of:

Visual Impairment

Hearing impairment

Physical disability

Learning disability

Multiple disabilities

Other (please specify)

.....

Sporting information

Have you cycled before?

Yes No

If yes, where have you cycled? (please specify)

Another Club

Recreational

Local authority sessions

Club

County

Other (please specify)

.....