

## Course Details

Workshop Reference Code (BCM1 or BCM2):

Workshop Date:

Workshop Time:

Workshop Location:

## Applicant Details

Title:	First Name:	Surname:
Address:		
Postcode:	Tel:	Mobile:
Email:	Nationality:	Date of Birth:
Ethnic Origin:	Asian	Black
Chinese	Mixed Race	White
Other	Prefer not to say	
Details of any disabilities:		
Existing British Cycling Member?	Yes	No
Membership Number:		

## Payment by card

Name on card:

Card number:

Valid from:

Expires:

3 digit security:

Issue Number:

Billing address: (if different from above)

Postcode:

Amount to pay:

£

(Rate: BCM 1- Non Members = £45.00. British Cycling Members= £40.50.  
BCM 2- Non Members= £125.00. British Cycling Members= £112.50)

Please note: Payment will not be processed until 5 working days prior to the published course date.

## Declaration/Consent

**A CANCELLATION:** A place can be cancelled up to five working days prior to the published course date. After this date the non-refundable payment will be processed.

**B WAITING LIST:** There will be a waiting list in operation. If a place becomes available up to five working days you will be informed via email on a first come first served basis.

**C FOR MEMBERSHIP PURPOSES (PARENT/GUARDIAN):** I hold legal responsibility for all members aged under 18 on the present application. I understand and agree that my son/daughter participates in events promoted under the Federation's rules and regulations entirely at his/her own risk. I have considered and understand the nature of such events and have discussed them with my son/daughter. I am satisfied that my son/daughter is sufficiently responsible and competent to assume responsibility for his/her own safety whilst engaged in competition under British Cycling regulations. I understand that competitors over 16 years of age are permitted to compete on the public highway and must there assume full and entire responsibility for their own safety in relation to other traffic. I understand and have emphasised to my son/daughter that the function of marshals in such events is to do no more than indicate the direction the rider should take and that the responsibility for safety whilst negotiating corners, turns and other hazards must rest with the rider. I understand further and have impressed upon my son/daughter that all competitors in events on the open road must observe the law of the land relating to road travel. I agree that my son/daughter shall participate in such events without any liability whatsoever on the part of the promoter, promoting club, British Cycling, or any club or organisation affiliated thereto or their officials or members in respect of any injury, loss or damage suffered by him/her, provided that this does not exclude the liability of any such party for death or personal injury arising from that party's negligence. I confirm, that my son/daughter does not have any disability or medical condition, physical or mental, which could affect his/her ability to ride safely as a racing cyclist. I understand that I must notify the Compliance Officer of the Federation at once if any time my son/daughter becomes subject to a disability or medical condition, physical or mental, which could affect his/her ability to ride safely as a racing cyclist. I understand that my son/daughter may be subject to anti-doping controls and that this would involve the removal of some of their clothing and the provision of a urine sample directly in the presence of a doping control officer.

**D FOR MEMBERSHIP PURPOSES (INDIVIDUAL MEMBER):** Should I be required to participate in an anti-doping test conducted under British Cycling/UCI regulations, I agree to submit to those tests and comply with and be bound by the British Cycling/ UCI anti-doping regulations. The anti-doping regulations of other component instances as foreseen by the UCI regulations provided such regulations comply with the World Anti-Doping Code. I agree that the results of the analysis will be released to the public in line with applicable regulations. I undertake to submit any objections concerning drug abuse to the British Cycling Board/Appeals Panel, whose decision I shall accept as final. I accept that all urine and blood samples taken become the property of British Cycling/UCI and that British Cycling/UCI may have them analysed, notably for the purpose of research and information on health protection. I agree to my doctor and/or the doctor of my Club/Team communicating to British Cycling, on its request, the list of medicines I have taken and treatment I have undergone before any given competition or cycling event. I will participate in cycling competitions or events in a loyal and sporting manner. I will submit to disciplinary measures taken against me, and will take any appeals and litigation to the authorities provided for in the Regulations. I accept (CAS) as the only competent jurisdiction of appeal in the cases provided for by the regulations and in compliance with the terms thereof. I accept that the decisions of CAS shall be final and binding and not subject to appeal. With that reservation, I shall submit any litigation with the UCI exclusively to the tribunals at UCI headquarters.

**I consent to all persons in this application being bound by the byelaws, technical regulations, code of conduct, child protection and anti-doping policies of British Cycling:** (For further details visit [britishcycling.org.uk](http://britishcycling.org.uk))

Name:	To confirm your acceptance of the above declaration please tick here:	Date:
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I want British Cycling to send me exclusive offers and benefits:

I want to receive information from selected third parties: