

CENTRAL ALBERTA BICYCLE CLUB

Membership Application

Last name _____ First _____ Sex _____ Birth date M _____ D _____ Y _____

Address _____ City _____ Postal Code _____

Home Phone _____ Work _____

Phone _____ email _____

First name _____ Sex _____ Birth date M _____ D _____ Y _____

Email _____

First name _____ Sex _____ Birth date M _____ D _____ Y _____

Email _____

First name _____ Sex _____ Birth date M _____ D _____ Y _____

Email _____

First name _____ Sex _____ Birth date M _____ D _____ Y _____

Email _____

First name _____ Sex _____ Birth date M _____ D _____ Y _____

Email _____

Return completed form and fees to:

Jason Frank
162 Lancaster Dr. Red Deer
T4R 2W9
Phone # 403-358-9508
jf0476@gmail.com

Contact names: President- Stacey Mateika
Phone # 403-357-3627
E-mail Stacey.mateika@rdc.ab.ca

In consideration of in my membership the Central Alberta Bicycle Club (thereafter referred to as the CABC) and my participation in any of its events:

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| <ol style="list-style-type: none"> 1) I hereby agree to comply with the rules and instructions of the CABC and it's directors. 2) For myself, my executors, administrators, and assigns, I hereby waive and release any and all claims against the members, volunteers, sponsors including any and all claims for damages caused by negligence of any of them arising out of my participation in any CABC event and it's related activities. 3) I hereby acknowledge that I have sole responsibility for my personal possessions and athletic equipment during any CABC event and its related activities. 4) I hereby acknowledge that participation in club activities carries with it potential hazards, I therefore release the CABC, | <ol style="list-style-type: none"> committees, their officers, directors, members, volunteers, sponsors of any liability resulting from injury or death during any CABC event and it's related activities. 5) I hereby attest and verify that I am sufficiently trained for any CABC event I participate in. 6) I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident, or illness during any CABC event and its related activities. 7) I hereby acknowledge that I am expected to obey all rules of the road (as outlined by the Highway Traffic Act) while participating in any CABC event. |
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Signature

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Date

Signature

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Signature

Must be signed by all participating adult members or a parent or guardian of all minors

Cheques must be made payable to the Central Alberta Bicycle Club (CABC). **Fees must be paid in full before participating in any event. ALSO, you must be a member of the Alberta Bicycle Association as a licensed racer or general member**

Single membership

\$35.00 =

\$ _____

Additional memberships

_____ X \$15.00 =

\$ _____

Tuesday Night Race fees

\$25.00 =

\$ _____

Total

=

\$ _____