

**2009 MEMBERSHIP FORM**



FULL NAME: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HOME PHONE No.: \_\_\_\_\_

CELL PHONE No.: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

UNDER 18's please have the Parental Consent Form completed (page 2) or membership will be void.

PARENTS E-MAIL ADDRESS: \_\_\_\_\_

**DISCLAIMER:**

I WILL, WHEN EVER TAKING PART WITH, OR REPRESENTING THE CLUB AT ANY EVENT, OR OTHERWISE. ADHERE TO ALL THE RULES OF GRAVITY CANTERBURY DOWNHILL & FREERIDE CLUB

SIGNED: \_\_\_\_\_ Prospective member.

DATE: \_\_\_\_\_

**VOLUNTEER HELP:** To be completed by prospective member, parent or guardian.

I \_\_\_\_\_ CAN HELP WITH:

GENERAL -	TRACK BUILDING	<input type="checkbox"/>
RACE DAY -	MARSHALING	<input type="checkbox"/>
	VAN DRIVER	<input type="checkbox"/>
	REGISTRATION	<input type="checkbox"/>
	POST RACE BBQ	<input type="checkbox"/>
	FIRST AID	<input type="checkbox"/>

CONTACT E-MAIL: \_\_\_\_\_

PAY: **\$35** Includes a \$10 track levy.

Payment method.  On-line payments to: 123147-0118357-00  
Surname plus date of birth as reference number.  
 Cheques payable to: GRAVITY CANTERBURY

Send form (and cheque if applicable) to:

GRAVITY CANTERBURY; PO BOX 13914; Armagh St; Christchurch.

Any Queries:- EMAIL: [membership@gravitycanterbury.org](mailto:membership@gravitycanterbury.org)

Gravity Canterbury MTB Club  
PO BOX 13-914  
Christchurch

[www.gravitycanterbury.org](http://www.gravitycanterbury.org)



## Gravity Canterbury - Under 18 Year Old Rider - Parental Consent Form

Please complete, sign, and return immediately to Gravity Canterbury, PO BOX 13-914, Christchurch

Members Name \_\_\_\_\_ DOB \_\_\_\_\_

I \_\_\_\_\_ (Parent/Guardian's Name)

Of \_\_\_\_\_

\_\_\_\_\_ (Address) Tel N<sup>o</sup> \_\_\_\_\_

### Agree and understand the following:

1. That my son / daughter participates in events and rides organised by the club entirely at his / her own risk. I have considered and understood the nature of such events and have discussed them with my son / daughter. I am satisfied that he / she is sufficiently responsible and competent to assure full and entire responsibility for his / her own safety.
2. That the events may take place on public roads and he / she must assume responsibility for his / her own safety in relation to other traffic and observe the law of the land relating to road traffic.
3. I agree that when my son / daughter participates in any event he / she does so without any liability whatsoever on the part of the club, committee, event organiser, or any club or organisation affiliated thereto or its officials or members, in respect of any injury, loss or damage suffered by him / her due to their actions.
4. I confirm that my son / daughter has no disability or medical condition, physical or mental, which could affect his / her ability to ride safely. I understand that I must notify the secretary of the club at once if at 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.
5. I consent to any emergency treatment necessary to my son / daughter during the course of an event. I authorise the event organiser(s) to sign on my behalf any consent required by the hospital authorities, in the case where a surgical operation or serum injection may be deemed necessary, providing that the delay involved to obtain my signature may be considered in the opinion of a doctor or surgeon concerned, likely to endanger the said young person's health or safety.
6. I acknowledge that my son / daughters bicycle and personal belongings are transported at his / her own risk and it is their responsibility to ensure that their bicycle is secured before transport commences.

Signed (Parent/Guardian) \_\_\_\_\_

Date \_\_\_\_\_