

# Melton Olympic Cycling Club

## MEMBERSHIP APPLICATION FORM

Name:	Date of birth:
Address:	
Postcode:	
Telephone No:	Mobile No:
Email:	

### Cycling

What cycling is your cycling experience if any?

### Disability Information

The Disability Discrimination Act 1995 defines a disabled person as anyone with, 'a physical or mental impairment, which has a substantial and long term 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?

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### Medical Information

Please detail below any important medical information that our coaches/ club should be aware of (e.g. epilepsy, asthma, diabetes, a recent injury, etc). Medical condition (s) and recommended treatment/ actions to be taken if symptoms appear: If you have any concerns about your child participating in any form of physical activity then please consult your GP before giving permission for your child to take part in cycling activity sessions.

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Please Tick box if you do not want your details publishing in the Club Handbook

On completion of this form return to [martinpaulfisher@gmail.com](mailto:martinpaulfisher@gmail.com) or the MOCC secretary e-mail, and BACs transfer £15.00 to

Melton Olympic Cycling Club  
Sort Code: 30-95-52  
Account: 00617785

I hereby declare to abide by the club rules and the rules of the road and behave in a responsible manner when involved in club activities.

Signed..... Date.....