

2010 Membership Application

Rider Info			
Last Name		First	Date of Birth DD/MM/YY
Address		Age as of Dec 31/10	<input type="checkbox"/> Male
City		Prov	PC <input type="checkbox"/> Female
Home #:	Work #:	Cell#:	
Email:		Citizenship:	
Club Info			
Club/Home Track _____			<input type="checkbox"/> Independent
Signature of Club/Track President: _____			*see other fees
Mandatory for all club/track members Please note: your license will not be processed until the above named club has submitted a rider list for 2010			
Multi-Discipline License			
<input type="checkbox"/> \$125 Riders born in or before 1991 <input type="checkbox"/> \$90 Junior Riders born 1992 - 1999 <input type="checkbox"/> \$75 55+ Riders born in or before 1955 <input type="checkbox"/> \$75 DH/4X Riders born in or before 1994 <input type="checkbox"/> \$75 Paralympic License <input type="checkbox"/> \$75 Alberta Cycling License <input type="checkbox"/> \$35 General Membership (non-racing)		I will be competing in: check all that apply <input type="checkbox"/> Road <input type="checkbox"/> Track <input type="checkbox"/> Cross <input type="checkbox"/> MTB <input type="checkbox"/> DH Age Category: Racers over 30 years of age: Racing as Elite for entire season <input type="checkbox"/> Racing as Master for entire season <input type="checkbox"/>	
<input type="checkbox"/> 0 Commissaire * <input type="checkbox"/> Road <input type="checkbox"/> Track <input type="checkbox"/> Cross <input type="checkbox"/> MTB <input type="checkbox"/> DH <input type="checkbox"/> BMX The following may be added to a racing license or general membership			
<input type="checkbox"/> Manager	<input type="checkbox"/> Road	<input type="checkbox"/> Track	<input type="checkbox"/> Cross <input type="checkbox"/> MTB <input type="checkbox"/> DH <input type="checkbox"/> BMX
<input type="checkbox"/> Organizer	<input type="checkbox"/> Road	<input type="checkbox"/> Track	<input type="checkbox"/> Cross <input type="checkbox"/> MTB <input type="checkbox"/> DH <input type="checkbox"/> BMX
<input type="checkbox"/> Coach	<input type="checkbox"/> Road	<input type="checkbox"/> Track	<input type="checkbox"/> Cross <input type="checkbox"/> MTB <input type="checkbox"/> DH <input type="checkbox"/> BMX
*Must have completed Commissaire Course NCCP Certification #			
BMX Racing License			
<input type="checkbox"/> \$75 Riders born 1992 - 2005		Ability Category	
<input type="checkbox"/> \$90 Riders born in or before 1991		20" Champion <input type="checkbox"/> Junior <input type="checkbox"/> Elite	
*If you would like to add BMX to your multi discipline license, select your BMX ability category and see "other fees"		20" Challenge <input type="checkbox"/> Novice <input type="checkbox"/> Intermediate <input type="checkbox"/> Expert	
		Cruiser <input type="checkbox"/> Crusier <input type="checkbox"/> Junior Cruiser <input type="checkbox"/> Elite Cruiser	
Other Fees			
Independent	<input type="checkbox"/> \$50	* Must be paid for non-club members - includes affiliation and insurance	
BMX + Multi Discipline	<input type="checkbox"/> \$25	Add BMX code to Multi Discipline license - Select BMX Code	
Pedal	<input type="checkbox"/> \$12	6 Issues per year	
Rush Processing	<input type="checkbox"/> \$25	Ensures application will be processed in 2 business days (Canada Only)	
Previous Licensing Information			
I previously held a Alberta Bicycle License in: YEAR _____			<input type="checkbox"/>
I have previously held another CCA or UCI License in: YEAR (provide a copy) _____			<input type="checkbox"/>
I have not previously held a license please provide copy of birth certificate/passport for proof of citizenship			<input type="checkbox"/>
Payment Info			
Cheque: <input type="checkbox"/>		<i>*Cheques to be made payable to Alberta Bicycle Association</i>	
<input type="checkbox"/> VISA/MC #:		Expiry Date:	Other Fees \$
Name as it appears on Card:		Cardholder's Signature:	
NEW MEMBERSHIPS WILL NOT BE PROCESSED UNTIL PROOF OF AGE IS RECEIVED			

2010 WAIVER DECLARATION

Waiver must be received before your Membership/License will be processed – faxed/scanned copies will be accepted

I understand and agree that my participation in events, programs, races, or activities organized, operated, conducted and/or sanctioned by the Canadian Cycling Association and/or Provincial Associations and Various CCA Clubs and Members registered with CCA is conditional upon my execution of this document.

1. I am aware that cycling, and in particular competitive cycling, endurance and BMX racing, involves the possibility of injury or death.
2. I accept these risks, and all others arising from these events and programs, even if arising from the negligence, gross negligence or negligent rescue by those associated in any way with the Canadian Cycling Association events and programs I may be involved in, the venues at which these events and programs takes place or by those organizing, officiating, or participating in these events and programs throughout the year, including their respective officers, directors, employees, agents, servants, volunteers and representatives (the "Releasees").

3. I understand that all applicable rules for participation must be followed and that SOLE RESPONSIBILITY FOR MY PERSONAL SAFETY REMAINS WITH ME, including my physical and emotional preparation and fitness to participate in all events and programs throughout the

4. I undertake and agree to remove myself from participation if I sense or observe any unusual hazard or unsafe condition, or if, at any time, at any event or program, I feel unable or unfit to safety continue for any reason.

5. I give, a FULL RELEASE AND WAIVER OF LIABILITY AND ALL CLAIMS that I have, or may have in the future, against Canadian Cycling Association, and all other Releasees from all liability for any loss damage, injury or expense that I may suffer as a result of my participation in any part or parts of the events or programs or my presence at any venue at which they may take place, due to any cause whatsoever including the forms of negligence set forth in paragraph 2 above or from any breach of contract or statutory duty or other duty of care including any duty of care owed under the relevant Occupier's Liability Act, on the part of the Releasees.

6. I AGREE NOT TO SUE and I further agree TO INDEMNIFY AND SAVE HARMLESS the Releasees from all expenses, fees, liability or damage award or cost of any type whatsoever arising from my participation in these events or programs.

I HAVE READ AND UNDERSTOOD THIS WAIVER, RELEASE AND INDEMNITY. I am aware that by signing this agreement I am waiving substantial legal rights (on my behalf and on behalf of my heirs, executors, administrators and next of kin), including the giving up of my right to sue.

RIDER SIGNATURE: _____

DATE: _____

DECLARATION

1. I hereby declare that I am aware of no reason why I should not be issued with the license requested.

2. I declare that I have not applied for a license for the same year to the UCI or to any other National Federation.

3. I assume exclusive liability for this application and for the use that the UCI shall make of the license

4. I hereby undertake to respect the Constitution and Regulations of the International Cycling Union, its Continental Confederations and its National Federations.

5. I shall participate in cycling competitions or events in a fair and sporting manner. I shall submit to disciplinary measures taken against me and shall take any appeals and litigation before the authorities provided for in *The Regulations*. With that reservation, I shall submit any litigation with the UCI exclusively to the tribunals at UCI headquarters.

6. Should I participate in a cycling race where a drug test is conducted under the UCI Drug-Test Regulations and the CCES regulations, I agree to submit to a drug test.

7. I agree that the results of the analysis may be made public and communicated in detail to my club/team/trade team or to my paramedical assistant or doctor.

8. I undertake to submit any protests concerning drug abuse to the "Court of Arbitration for Sport" (CAS), whose decision I shall accept as final.

9. I accept that all urine samples taken shall become property of the UCI which may have them analyzed, especially for the purposes of health protection research and information.

10. I agree that my doctor or the doctor of my club, team or trade team may, on request from the UCI or the CCES, communicate to them a list of any medicines I took and treatment I underwent before any given competition.

11. I accept the conditions regarding blood testing and accept to undergo blood tests.

RIDER SIGNATURE: _____

Date: _____

PARENTAL CONSENT FOR MINOR PARTICIPANT and INDEMNITY AGREEMENT

(Must be signed by a Parent/Guardian for all Applicants under 18 years)

I have read and understood the above waiver, release and indemnity, and have discussed the same with the minor person signing above. I am satisfied the said minor understands the waiver and release and his/her obligations as set out. In consideration of the participation of my minor child/ward I too agree to waive, release and indemnify the Releasees in the terms set out above.

I am aware that by signing this agreement I am waiving substantial legal rights, which my minor child/ward and I, our respective heirs, executors, administrators and next of kin may have against the Releasees.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____