

Family Name:

Parents / Caregivers Names:
(if under 18 years)

Address:

Home Phone:

Mobile Phone:

Email Address:

Rider Details:

| | Name | D.O.B | M/F | Plate # |
|---|------|-------|-----|---------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

(NB: plate number i.e. W#, NZ, SI, NI – if new to the club a club number will be allocated to you.)

Club Assistance

Please indicate how your family would be able to assist North Canterbury BMX Club:

| | | | | | |
|-------------------------------------|--------------------------------------|-------------------------------------|-------------------------------|-------------------------------------|------------------------------------|
| Points Hut <input type="checkbox"/> | Officials * <input type="checkbox"/> | Start Gate <input type="checkbox"/> | Shop <input type="checkbox"/> | Track Work <input type="checkbox"/> | First Aid <input type="checkbox"/> |
|-------------------------------------|--------------------------------------|-------------------------------------|-------------------------------|-------------------------------------|------------------------------------|

(* i.e. Call up, berm marshals)

Fees:

| | | | |
|-------------------------|-------------------|-----------|----------|
| Club Membership: | <i>Per rider</i> | \$ 60.00 | \$ _____ |
| | <i>Per family</i> | \$ 100.00 | \$ _____ |
| Social Membership | | \$ 25.00 | \$ _____ |

| | | |
|----------------------------|--|----------|
| BMXNZ Registration: | <i>Club Licence (interclub racing only)</i> | \$ _____ |
| | <i>Sprocket Licence (Under 8 years)</i> | \$ _____ |
| | <i>Challenge & Championship Licence (8 Years plus)</i> | \$ _____ |
| | <i>Upgrade (From club to open Licence)</i> | \$ _____ |

Sub Total \$ _____

Club Use Only:

Paid By: Cash / Cheque / DC **Amount:** \$ _____

Receipt Number: _____

Date Paid: _____

To pay by direct credit please pay to 03-0674-0072334-00. Please use 'Surname' as a reference.

Disclaimer: North Canterbury BMX Club accepts no responsibility whatsoever for the damage or injury of any nature to any person or property whilst participating in any activity or with the confines of North Canterbury BMX Club.

Medical Conditions:

If there are any medical conditions that the club should be aware of please detail below:

Emergency Contacts:

1. **Name:**

Contact Number(s):

2. **Name:**

Contact Number(s):

Other Information:

For funding application purposes can you please provide what ethnic group/s your family belong to.

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.....

I DO / DO NOT give permission to use photographs / video of my child while taking part in various activities at BMX events. These photos could appear on our website or Facebook page or on promotional material or other forms of media e.g newspaper, TV etc.

I confirm that I have read and agree with the code of conduct.

Signed:.....

Date:.....