

MAJOR TAYLOR CYCLING CLUB

San Diego California



New RENEWAL DEACTIVATE

Date:

APPLICANTS INFORMATION

First:	Last:	Initial:
Address		
City:	State:	Zip:
Phone:	eMail:	
EMERGENCY CONTACT:		PHONE:

CYCLING EXPERIENCE

Select your level of experience and the type of cycling you have experience with. Select all that apply.

- | | | | |
|----------------------------------|--|--|---|
| <input type="checkbox"/> Level 1 | <input type="checkbox"/> Track Cycling | <input type="checkbox"/> Mountain Bike | <input type="checkbox"/> Road Bicycling |
| <input type="checkbox"/> Level 2 | <input type="checkbox"/> Cyclo-Cross | <input type="checkbox"/> Trail Biking | <input type="checkbox"/> BMX |
| <input type="checkbox"/> Level 3 | | | |
| <input type="checkbox"/> Level 4 | | | |
| <input type="checkbox"/> Level 5 | | | |

Level rider definitions

- Level 1 Casual - Weekly rides 1, average mileage: 25 Average speed: 10 – 14 mph
- Level 2 Recreational - Weekly rides 2, average mileage: 50 Average speed: 12 – 17 mph
- Level 3 Avid - Weekly rides 3, average mileage: 100 Average speed: 14 – 20 mph
- Level 4 Weekend Warrior - Weekly rides 4, average mileage: 150 Average speed: 16 – 22 mph
- Level 5 Racer - Weekly rides 5+, average mileage: 200+ Average speed: 17 – 25+ mph

Pre-Screening Questionnaire

Do you have a family history of heart disease? (stroke, heart attack)	NO	YES
Have you ever been told that you have a heart condition?		
Have you been told that you have high cholesterol?		
Have you been told that you have high blood sugar?		
Do you ever have unexplained pains in your chest at rest or during physical exercise?		
Do you consistently feel faint or suffer from spells of dizziness?		
Do you suffer from asthma and require medication?		
Do you suffer from type I or II diabetes?		
Do you suffer from any major muscle or joint conditions that may limit you or be aggravated by physical activity?		
Do you suffer from any medical conditions that may be made worse by participating in physical activity?		
Do you suffer from high blood pressure over 140/90 or low blood pressure below 100/80?		
Do you smoke? If yes, how often? _____		
Are you currently on any medication? If yes, please name Rx/s. _____		

Disclaimer: If you have answered no to all of the above questions and you are confident that you have no other concerns with your health, then you may proceed to participate in physical activity. If you have answered yes to any of the questions above or are unsure, please seek a referral from your GP or allied health professional before commencing physical activity.

I believe to the best of my knowledge that all of the information I have provided on this tool is accurate. In the case that my medical condition changes over the course of my training I will inform my trainer and fill out a new exercise prescreening questionnaire.

RELEASE

THIS RELEASE FORM IS A CONTRACT WITH LEGAL CONSEQUENCES AND APPLIES TO ALL Major Taylor Cycling Club San Diego RIDERS. IT IS NOT LIMITED TO RACING AND TRAINING EVENTS. READ IT CAREFULLY BEFORE SIGNING.

In the consideration of the acceptance of my application for membership in Major Taylor Cycling Club San Diego. (herein referred to as MTCCSD) I hereby freely agree to and make the following contractual representation and agreements.

I fully realize the dangers of participating in this sport of bicycle riding and racing and fully assume the risks associated with such participation including, by way of example, and not limited to the following dangers of collision with pedestrians, vehicles, other riders or racers and fixed or moving objects, dangers arising from surface hazards, equipment failure, inadequate safety equipment and weather conditions and possibility of serious physical and/or mental trauma or injury including death, associated with athletic cycling competition.

I hereby waive, release and discharge for myself, my heirs, executors, administrators, legal representatives, assigned and successors in interest (herein after collectively "successors") and all rights and claims which I have or which may hereafter accrue to me against MTCCSD, its sponsors, officers, directors and any other activities organized or promoted by MTCCSD; including travel to or from any such activities. I agree it is my sole responsibility to prepare for participation in races and club activities and to maintain my bicycle and equipment in proper working order. I understand and agree that situations may arise during races, training rides and other MTCCSD events, which may be beyond the control of MTCCSD and MTCCSD members responsible for organizing such events and I must continually ride so as to neither endanger others or myself. I will participate in all the races and training rides wearing a helmet that satisfies the requirements of the USCF racing rules and that can protect against serious head injury and assume all responsibility and liability for myself.

I agree for myself and successors, that the above representation are contractually binding and are not mere recitals, and that should I or my successors assert my claim in contravention of this agreement, I or my successors shall be liable for the expenses (including legal fees) incurred by the other party or parties in defending, unless the other party or parties are finally adjudged liable on such claim for willful and wanton negligence. This agreement may not be modified orally and waiver of any provision shall not be constructed as a modification of any other provision herein or as consent to any other provision herein or as consent to any subsequent waiver or modification.

Signature of Applicant

Parent/Guardian (if under 18)

Date

Date

FOR OFFICIAL USE ONLY

Membership Review Board		Approved/Disapprove
_____ Membership Director	_____ Date:	_____ Processed by: _____ Date:
_____ President	_____ Date:	