

VICTORIAN VETERANS CYCLING COUNCIL
APPLICATION FOR RACING LICENCE FOR 2012

SURNAME: GIVEN NAME:

DATE OF BIRTH:/...../..... (dd/mm/yyyy) SEX: (Male/Female)

POSTAL ADDRESS:
..... (Town) (State)(Postcode)

PHONE: (.....) (landline) (mobile)

EMAIL:

CLUB:

Note: Riders 80 years and over must have a doctor's certificate and club letter stating fitness to compete in veterans cycling events.

Emergency Contact Person: Phone:

DECLARATION: *I the undersigned agree to abide by the rules and regulations of the Victorian Veterans Cycling Council (VVCC), the Australian Veteran Cycling Council (AVCC) and affiliated clubs as they may be formulated from time to time. I further agree to observe and comply with all oral and written instructions issued by the appointed officials of the Central Victorian Veterans Cycling Club (CVVCC), VVCC and/or the AVCC. In consideration of my participation in the activities of the club I freely release the CVVCC, the VVCC and the AVCC, and officials of the aforementioned bodies from any and all liability for any injury, loss and damage arising out of the activities, I accept the dangers that may be involved in competitive cycling and undertake to participate entirely at my own risk. I understand that my registration fee includes a level of accident insurance cover and that details can be viewed on the AVCC webpage. I acknowledge that the insurance benefits provided are limited and that I should consider carrying personal insurance as well as ambulance and private health cover. I further declare that I have no health problems that make me incapable of competing safely in AVCC events and that I will inform the AVCC or affiliates should health concerns arise.*

Cover for insurance is dated from 1st October 2011 or time of receipt of your form if after this date and lasts until 31st December 2012. For renewals after 1st January 2012, please note the insurance company does not allow days-of-grace. All racing members are covered by insurance for racing and training (including private training) and all officials and affiliates are covered for public liability: N.B. A rider who reaches the age of 80 years before 1st January 2012 must obtain a medical clearance and a letter from a club official attesting to his/her ability to compete, and clearance must be received by the AVCC Secretary from the insurer before the rider is allowed insurance cover and permitted to compete.

SIGNATURE: DATE:

OFFICE USE ONLY: Licence No. Date of issue:

After completion, this form together with the appropriate fees (see below) must be lodged with your club, NOT THE VVCC.

CENTRAL VICTORIAN VETERANS CYCLING CLUB MEMBERSHIP APPLICATION

I hereby apply for membership to the Central Victorian Veterans Cycling Club Inc (CVVCC). I agree to be bound by the rules of the association, VVCC and AVCC. I further agree to be bound by the CVVCC rules of conduct.

Do you have a first-aid qualification? No/Yes If Yes, what:

I wish to pay the following fees (please tick) –

AVCC and VVCC 2012 Racing Licence fee -	\$110.00	<input type="checkbox"/>		
Central Victorian Veterans Cycling Club Membership fee -	\$15.00	<input type="checkbox"/>		
TOTAL	\$125.00	<input type="checkbox"/>	OR	\$15.00 <input type="checkbox"/>

SIGNATURE: DATE:

Please return this form with your fees to: The Secretary, CVVCC, PO Box 6285 WHITE HILLS 3550