

Gosport BMX Club
Alver Valley Country Park
Grange Road
Gosport
Hampshire



Membership No



Gosport BMX Club

Membership Application

Member Details

| | | | |
|----------------------|--|------------------------------------|--|
| First Name | | Surname | |
| Address | | Date of Birth | |
| | | Race Category | |
| | | BC Membership No (If Known) | |
| Post Code | | Membership Type | |
| Tel No | | Adult £10 | |
| Mobile No | | Youth £6 | |
| Email Address | | | |

DUTY OF CARE AGREEMENT

Gosport BMX Club advise that participation in the sport can be inherently dangerous, serious accidents can happen which may result in the risk of serious injury and or property damage, users of the facilities provided do so at their own risk and on the acceptance of the inherent risks involved in the sport of BMX racing. BMX is a family sport and as such Gosport BMX Club maintains a harassment free environment, for all which must be adhered to by all riders, parents/guardians, members, volunteers and spectators.

I fully understand the nature of the activities I am participating in and acknowledge the hazards of said activities and voluntarily assume the risk of injury to my person, property or the person or property of others whom I have responsibility for. If injury occurs I give consent for proper treatment, including administration of first aid and or calling of an ambulance, should it be required.

Signed _____

Date _____ / _____ /20

on joining Gosport BMX Club I agree to abide by any regulations, policies or procedures endorsed by the club or British Cycling. Including:

- Adherence to all the personal safety requirements as outlined within the British Cycling Rule Book.
- Maintenance of bikes to the acceptable safety standards and equipment laid down by British Cycling.
- Use of personal safety equipment, by all riders whilst on the track, including the use of a full face helmet, long sleeve loose fitting shirt, tear resistant long pants or short pants with knee and shin protectors, covered shoes and full fingered gloves.
- Reporting any injury sustained at the track to a club official and ensuring that it is correctly recorded within the club accident/injury book.
- Maintain a harassment free environment.
- Drive vehicles in the confines of Alver Valley park with care at all times and not exceeding 10mph.
- Support the club and its officials by volunteering to assist when possible. (Please See Separate page for volunteer roles)

Signed _____ Date ____ / ____ /20

PARENT/GUARDIAN AGREEMENT (To be completed for all riders under 18 yrs)

I _____ understand that, as members of Gosport BMX Club, I have the following responsibilities as a parent/Guardian.

- Sign in and remain with my children at each training/race session.
- Arrange in my absence for my Child/ren to be cared for by an appropriate adult.
- Ensure my child/ren conduct themselves in a manner that promotes the spirit of the sport.

Signed _____ Date ____ / ____ /20

PHOTOGRAPH & VIDEO AUTHORITY. *photos taken remain the property of the photographer/club.

I give permission for photographs and video footage taken at Gosport BMX Club to be used in club newsletters, newspaper articles, advertising on internet and social media connected with the club. I also give permission for the media content to be shared with British Cycling for promotion of the sport.

Signed _____ Date ____ / ____ /20

CLUB UPDATES

Do you wish to receive Gosport BMX club updates by email

Yes/No

EMERGENCY CONTACT DETAILS

| Emergency Contact 1 | | Emergency Contact 2 | |
|---------------------|--|---------------------|--|
| Forename | | Forename | |
| Surname | | Surname | |
| Address | | Address | |
| Tel 1 | | Tel 1 | |
| Tel 2 | | Tel 2 | |
| Relationship | | Relationship | |

MEDICAL DECLARATION

Please read the following questions carefully and answer as honestly as possible.

Name: Date Of Birth:

Do you have, or have you ever had any of the following? Please circle yes or no

| | |
|---|--------|
| Frequent or severe headaches | YES/NO |
| Dizziness or fainting spells | YES/NO |
| Asthma or lung disease | YES/NO |
| Heart or vascular problems | YES/NO |
| High or Low blood pressure | YES/NO |
| Epilepsy or seizures | YES/NO |
| Diabetes | YES/NO |
| Stroke | YES/NO |
| Muscular disorders or complaint | YES/NO |
| Chest pains | YES/NO |
| Back complaint | YES/NO |
| Lower limb or joint problems | YES/NO |
| (Women only) Are you or have you been pregnant in the past year | YES/NO |

If you have answered yes to any of the questions above, please give details.

Please give details of any drugs or medication you take regularly?

Do you have any allergies?

Has your doctor ever advised you not to partake in exercise? YES/NO

I declare that the details I have given are to the best of my knowledge true, and that I am not aware of any reason why I should not participate in BMX training as directed by the club coach and take part in club race meetings.

I understand that I use the facilities at my own risk and that I agree to adhere to the club rules with regards to the use of protective equipment to prevent injury to myself or others

Signed _____ Date _____ / _____ /20

DATA PROTECTION: Please note that the above information will be held by Gosport BMX Club and as such, is subject to the data protection act. This information will only be used for club membership purposes only.

GOSPORT BMX CLUB – VOLUNTEER ROLES REQUIRED AT RACE MEETINGS.

The following roles must be filled before racing can commence.

Below is a brief description of the duties that volunteers are required for:

Training and/or Buddy system will be provided to assist you – please ask if unsure.

Marshalls

The primary role of the flag marshal is to ensure the safety of riders and spectators during the event and to detect interference and foul riding and report any infractions to the race commissaire. The flags have the following meaning:



Riders on the track should stop immediately and return to the starting gate to await further instruction.



The track is obstructed and racers should be held at the gate.



The track is unobstructed and racing can proceed

Bottom Staging Official

Call competitors names per moto and send to top staging.

Top Staging Official

Direct all competitors to their respective position on the starting line.

First Aid

First aid qualifications or equivalent required. Where possible outside agencies provide this support but we often rely on volunteers to fulfil this role.

Finish Line

4 volunteers are required to record the riders number in the order that they cross the line.

Note: all volunteers must be a minimum of 16 yrs.