

Club:	Category:	
Surname	Name:	
Date Of Birth	Place Of Birth:	
Id Card No:	Passport No:	
Nationality:	Occupation:	
Postal Address:		
Home Tel No:	Mobile No:	
Email Address:		
Blood Group:	Allergies:	
Federation Membership Fee (Cheque Payable To Malta Cycling Federation)		
Under 12: €15.00 - Under 18: €30.00 - Over 18: €60.00 - Individuals: €60.00		
Two passport size photos must be submitted with relevant fee		
Disclaimer: I declare that I have been medically examined and certified to complete in the events organized by and under the auspices of the Malta Cycling Federation. I have subscribed to an insurance policy that satisfies the minimum requirements of the Malta Cycling Federation. I enter at this events at my own risk and agree that the organizers, helpers, sponsors and officials shall not be responsible for any injury, illness or damage to my person or personal belongings, howsoever caused, during training, any pre, actual or post event connected with these events. I agree to be bound by the regulations of these events, and the laws and regulations of the Malta Cycling Federation. I have not taken and I am not taking any illegal substances in terms of the relevant WADA list and I shall remain responsible and in virtue of the present and bind myself to indemnify the Malta Cycling Federation and its affiliated clubs and recognized bodies, for any damages of whatever nature that the sad federation and / or clubs and / or recognized bodies may suffer if it results that I have taken such substances. I the undersigned that I have understood the contents and import of this document and the relative regulations after they were duly explained to me and after that confirmed my understanding thereof. I also declare that the above particulars are complete and correct in every detail. I submit this data for MCF purpose only.		
Signature:	Date:	
Name of Parent/Guardian:	Signature:	
<i>For cyclists under 18 years of age an additional Parent/Guardian signature is required</i>		
Club Endorsement - Please List The Above Cyclist As A Member Of Our Club		
Name:	Signature:	Medical Certificate: <input type="checkbox"/>
Position:	Date:	
I have medically examined the above cyclist and certify that in my professional opinion he/she is fit to participate in cycling competitions.		
Doctor:	Signature:	Date:
<i>Please include Doctor's stamp with Medical Registration Number</i>		

For Official Use Only:

I hereby certify that today I have received the Registration Form of ofCycling Club until the end of 2018. Without prejudice to the validity or otherwise of this form in accordance with the rules, regulations of the MCF and which remains the responsibility of the registering Club.

Cash: <input type="checkbox"/>	Cheque: <input type="checkbox"/>
Date:	General Secretary: