



# Mosta Cycling Academy

## Application Form - Season 2018 (7-18yrs)

( page 1 of 3 )



Child's Surname		Child's Name	
E-Mail Address			

DOB		Age		Gender	Male	Female
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Nationality		ID Card No.	
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Address			
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Home Tel		Child Mob	
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*Parent 1		ID Card No.	
		Mob	

E-Mail Address			
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Parent 2		ID Card No.	
		Mob	

E-Mail Address			
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Blood Group		Allergies / Conditions	
		Other	

Child has a	BMX / Mountain Bike / Road Bike / No Bike		
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L1 / L2 (Beginners) Fee - €160	Paid	YES	NO
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L3 / L4 (Intermediates) Fee - €225	Paid	YES	NO
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L5 / L6 (Advanced) Fee - €300	Paid	YES	NO
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\*NOTE - "parents" is to mean biological parents, legal guardians or carers according to each particular case

[mostacyclingclub.com](http://mostacyclingclub.com)

MAIN SPONSOR



+356 9944 3080  
info@mostacyclingclub.com

Triq it-Trincetta, Mosta, MST 4356. Malta

PARTNERS





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 ( page 2 of 3 )



**Consent & Agreement of Parents**

I hereby give consent to my son/daughter for whom I have a legal responsibility, to participate in the Mosta Cycling Academy. I confirm that my child can ride and handle a bicycle on his/her own and in no way requires training wheels or special assistance.

I understand that the Academy training events/activities may be run on open roads and that the sport of cycling involves risks and dangers of serious bodily injury and that these risks may be caused by the actions or inactions of my own son/daughter, the actions or inactions of others participating in such activities or the actions or inactions of third parties or the condition/s in which the activity takes place.

To the fullest extent by law, we agree to WAIVE, DISCHARGE CLAIMS AND RELEASE FROM LIABILITY the Mosta Cycling Club, Club Officials, Coaches, Trainers, Helpers, Sponsors and the Malta Cycling Federation from any and all liability on account of, or in any way resulting from Injuries and Damages, even if caused by negligence of the Mosta Cycling Club, its Administrators/Officers or any of the above named in any way connected with the cycling lessons our son/daughter shall participate in.

I understand and accept that the approval and acceptance or otherwise of this application is at the sole discretion of the Club Council. In any case of non-acceptance and/or disapproval, the Club Council need not give any reason whatsoever.

I understand that lessons are held on Saturday mornings and that lesson times may vary according to the necessities and at the discretion of the Mosta Cycling Club.

<b>*Parent 1</b>	
<b>Parent 2</b>	
<b>Date</b>	

<b>For internal use only</b>	
Club electronic records updated	

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# Data Protection/Consent Form

( page 3 of 3)



Applicant/Member Name	I.D Card Number
*Parent's Name (if applicant is under 18yrs)	I.D Card Number

The Mosta Cycling Academy, hereunder referred to as the Academy, may require to take photographs/produce video recordings/ use existing photos of the above-named member to appear on the Academy's Website, or on other printed material such as Newsletters, Newspapers, Web-Sites, Promotional Material and/or other Publications of the Academy, or on the Website/Publications of the Malta Cycling Federation, Kunsill Malti għall-Isport, Malta Olympic Committee or other associations to which the Academy may be affiliated to. The Mosta Cycling Academy may also need to publish photos/video recordings on local/foreign Newspapers, Sports TV Programmes or other sports and related media.

In order to comply with the "Data Protection Act 2001", the Mosta Cycling Academy requires permission to take, keep and process any personal data, images/video recordings and medical information of the above named member/player. Please read carefully the paragraph below, and if you are in agreement, kindly sign and date this Consent Form where indicated, and return it to the Club Secretary.

This consent form remains effective until the membership of the above named member remains valid with the Mosta Cycling Academy. On termination of membership, any new data/photos/videos/etc will not be covered by this consent form and therefore cannot be kept / processed.

### CONSENT FROM MEMBER (OR) PARENT (If under 18 years of age)

1. The Academy may keep, process and refer (where necessary) any of the above named member.
2. Data to third parties as the Academy deems necessary.
3. The Academy may use the above named member photos, video recordings in websites and
4. Other media as described in paragraph one above.
5. The Academy may keep the above named member's personal medical information (reference "The Medical Form") and share such information as it is deemed necessary, e.g. with coaches & other relevant authorities, in the best interest of the member concerned.

I confirm that I have read and understood the above and I am hereby giving my consent.

Applicant/Member Name (block letters)	Signature	I.D. Card Number
Parent Name (block letters)	Signature	I.D. Card Number

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