



MOSTA
CYCLING CLUB

MEMBERSHIP APPLICATION FORM 2018

Surname			Name		
E-Mail Address					
DOB		Age		Gender	Male Female
Nationality			ID Card No.		
Address					
Home Tel			Mob		
ICE 1			ICE 2		

Blood Group		Allergies /Conditions (specify)			
Cycling Interest	Road / Mountain / Triathlon		Cycling Ability	Beginner / Intermediate / Experienced	

Declaration:

By my signature, I confirm that I / my child am/is medically fit to ride in events and races organized by the MOSTA CYCLING CLUB and the MALTA CYCLING FEDERATION, and that I / my child participate at my / our own risk. Neither I nor my family may hold MOSTA CYCLING CLUB, its Coaches, Officers, Sponsors and / or helpers, liable for any injury, illness, damage or loss to my/my child's person or belongings before, during or following any such events.

I / my child have / has not taken and am / is not taking any illegal substances in terms of the relevant and current WADA list and I shall remain responsible and in virtue of the present am binding myself to indemnify Mosta Cycling Club and the Malta Cycling Federation for any damages of whatever nature that the said Club and / or Federation may suffer if it results that I / my child have taken such substances. I / my child will faithfully abide by all the rules, regulations and directions of the MOSTA CYCLING CLUB and the MALTA CYCLING FEDERATION.

I declare that the above particulars are complete and correct in every detail. I also give / do not give my consent for photo images/videos in which I / my child appears to be published as the Club deems fit.

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.

Signature			Date		
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(Note - For applicants below the age of 18, acceptance and signature is required by a parent or legal guardian):

Name of Parent / Guardian			Name of Parent/Guardian		
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Under 18 Annual Membership Fee	€15	PAID ()
18+ Annual Membership Fee	€25	PAID ()
Family Package Annual Membership Fee	€50	PAID ()
Passport photo to be submitted with application form	YES	NO

mostacyclingclub.com

MAIN SPONSOR



+356 9944 3080
info@mostacyclingclub.com

Triq it-Trinċetta, Mosta, MST 4356, Malta

PARTNERS





Data Protection/Consent Form

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

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

In order to comply with the "Data Protection Act 2001", the Mosta Cycling Club 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 Club / 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 / LEGAL GUARDIAN (If under 18 years of age)

1. The Club / Academy may keep, process and refer (where necessary) any of the above named member data to third parties as the Club / Academy deems necessary.
2. The Club / Academy may use the above named member photos, video recordings in websites and other media as described in paragraph one above.
3. The Club / Academy may keep the above named member 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

*NOTE - "parents" is to mean biological parents, legal guardians or carers according to each particular case

For internal use only	
Club electronic records updated	

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