



Print legibly **2010 LICENSE and MEMBERSHIP APPLICATION FORM**

For January 1 to December 31, 2010

Last Name	First	Date of Birth day/month/year	<input type="checkbox"/> Male <input type="checkbox"/> Female
-----------	-------	------------------------------	------------------------------------------------------------------

Additional family members

Last Name	First	Date of Birth day/month/year	<input type="checkbox"/> Male <input type="checkbox"/> Female
Last Name	First	Date of Birth day/month/year	<input type="checkbox"/> Male <input type="checkbox"/> Female
Last Name	First	Date of Birth day/month/year	<input type="checkbox"/> Male <input type="checkbox"/> Female

Address		City	Postal Code
Phone – home	Phone – work	E-mail	

A. Member (all members pay)	\$30	Subtotal = \$30 + options (additional family member + Pedal magazine + racing license)
<input type="checkbox"/> + \$20 for each additional family member	+\$20	
<input type="checkbox"/> option add \$10.70 for a subscription of Pedal Magazine	+\$10.70	
Continue if purchasing a racing license for Sask Cup, national or internal racing events		
<input type="checkbox"/> Master (30+) racing license (born 1980-earlier) per member fee	+\$45	
<input type="checkbox"/> Junior/Senior (17-29) racing license (born 1993-1981) per member fee	+\$55	
<input type="checkbox"/> Under 17 years of age racing license (born 1994-present) per member fee	+\$25	
		\$

- **Aboriginal Self-declaration:** Please check one of the following that is most applicable to your Aboriginal ancestry. This information is voluntary and will not be used for any other prohibited preference as per *The Saskatchewan Human Rights Code*. Instead, this information is used only for reporting Aboriginal participation numbers. Status/Treaty Non-Status Metis Inuit
- The **Saskatchewan Cycling Association Newsletter**, the Prairie Pedaler, is published 3 times per year. Would you prefer to receive the newsletters by means of e-mail? _____yes _____no

B. **Club Fee:** check any club(s) you are joining (you must join a club if there is one near your location):

	Single Fees	Family Rate		Single Fees	Family Rates
<input type="checkbox"/> AdventureHers (Regina)	\$10.00	\$10.00	<input type="checkbox"/> Prairie Randonneurs	\$10.00	
<input type="checkbox"/> BCW (Saskatoon)	\$10.00	\$15.00	<input type="checkbox"/> Regina Cycle Club	\$ 10.00	\$15.00
<input type="checkbox"/> East Qu'Appelle Cartel (Esterhazy)	\$15.00	\$15.00	<input type="checkbox"/> Rock'N'Road Cycling Club (Prince Albert)	\$ 7.00	\$25.00
<input type="checkbox"/> Globe BMX Race Way (Saskatoon)	\$100.00	+\$75/person	<input type="checkbox"/> Swift Current Cycling Club	\$ 5.00	\$ 5.00
<input type="checkbox"/> Horizon 100 Cycling Club (Saskatoon)	\$10.00	+\$5.00/person	<input type="checkbox"/> The Saskatoon Cycling Club	\$10.00	
<input type="checkbox"/> Moose Jaw Pavers	\$ 5.00	\$ 5.00	<input type="checkbox"/> The Rock Pile (Saskatoon)	\$ 5.00	
<input type="checkbox"/> North West Mountain Bike Club (B'ford)	\$ 5.00	\$10.00	<input type="checkbox"/> Saskatoon Cycledelia	\$10.00	
<input type="checkbox"/> Northern Bush Rastas (Saskatoon)	\$10.00	\$15.00	<input type="checkbox"/> South Sask Mountain Bike Club (Regina)	\$10.00	\$10.00
<input type="checkbox"/> OffRoad Syndicate (Regina)	\$10.00	\$15.00	<input type="checkbox"/> Wascana Freewheelers (Regina)	\$ 6.00	\$ 6.00

Total owing	
Subtotal from A.	\$
+ Total Club fees from B.:	\$
+ \$3 if using VISA	\$
=Total owing	\$

Payment method:	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque
<input type="checkbox"/> VISA	Number:	
Expiry date:	signature	

Racing license information

Canadian Citizen:	<input type="checkbox"/> yes	<input type="checkbox"/> no if no, your nationality is				
<u>Racers over 30 years of age:</u> Would you like to over-ride your default age category in order to be issued a senior license for the entire season? <input type="checkbox"/> Yes, I will be racing as Senior for the entire season and understand I will not be allowed to re-apply for a Masters license during that period. Note: must purchase a Senior racing license.						
If you are purchasing a racing license complete the following for each racing discipline you are requesting:						
Check off your ability category	Cat 1	Cat 2	Cat 3	Cat 4	Cat 5	Cat 6(beginner – in province only)
Road						
Cyclo-cross						
Check off your ability category	Elite (senior only)		Expert	Sport	Novice (beginner)	
Mountain Bike Cross Country						
Check off your category	Challenge			Championship		
BMX						

Personal Information Protection & Electronic Documents Act (PIPEDA) Consent Form To be completed by ALL Members

Name(s) (Please Print): _____

Personal information from club registration will be used and/or disclosed by Saskatchewan Cycling for, High Performance Team participation, results (media), and providing clubs their membership information. Should a parent/guardian or cyclist wish to restrict the release of and/or publication of personal information within the standard operating parameters of competitions, the individual or parent/guardian must sign the appropriate section below and the information will be withheld or modified.

Operational uses and disclosures of personal information by Saskatchewan Cycling include, but are not limited to:

1. Forwarding Member information to their clubs
2. Publishing individual photos that are taken at competitions or awards presentations
3. Publishing photos or videos that are used in electronic or print media.
4. Publishing names, genders, club affiliations and results in newsletters and other communications, in print form, electronic, posted to Sask Cycling website or otherwise.
5. Other activities within the cycling community.

Please indicate your consent for Saskatchewan Cycling to use/disclose information supplied by yourself. **Sign EITHER A or B below (Sign only one; not both).**

A. I consent to the collection, use and disclosure of information as outlined above.

Signature Signature of Parent/Guardian if under age 18 Date

B. I consent to the collection, use and disclosure of the information as outlined above, ONLY for the following purposes:

Signature Signature of Parent/Guardian if under age 18 Date

WAIVER, RELEASE & INDEMNITY must be completed by ALL members

I, _____ understand and agree that my participation in events, programs, races, or activities organized, operated, conducted and/or sanctioned by the Canadian Cycling Association and/or Provincial Associations and Various CCA Clubs and Members registered with CCA is conditional upon my execution of this document.

1. I am aware that cycling, and in particular competitive cycling, endurance and BMX racing, involves the possibility of injury or death.
2. I accept these risks, and all others arising from these events and programs, even if arising from the *negligence, gross negligence or negligent rescue* by those associated in any way with the **Canadian Cycling Association and/or Provincial Associations and Various CCA Clubs** events and programs I may be involved in, the venues at which these events and programs takes place or by those organizing, officiating, or participating in these events and programs throughout the year, including their respective officers, directors, employees, agents, servants, volunteers and representatives (the "Releasees").
3. I understand that all applicable rules for participation must be followed and that **SOLE RESPONSIBILITY FOR MY PERSONAL SAFETY REMAINS WITH ME**, including my physical and emotional preparation and fitness to participate in all events and programs throughout the year.

4. I undertake and agree to remove myself from participation if I sense or observe any unusual hazard or unsafe condition, or if, at any time, at any event or program, I feel unable or unfit to safely continue for any reason.
5. I give, a **FULL RELEASE AND WAIVER OF LIABILITY AND ALL CLAIMS** that I have, or may have in the future, against **Canadian Cycling Association, and all other Releasees** from all liability for any loss damage, injury or expense that I may suffer as a result of my participation in any part or parts of the events or programs or my presence at any venue at which they may take place, due to any cause whatsoever including the forms of negligence set forth in paragraph 2 above or from any breach of contract or statutory duty or other duty of care including any duty of care owed under the relevant Occupier's Liability Act, on the part of the Releasees.
6. I AGREE NOT TO SUE and I further agree TO INDEMNIFY AND SAVE HARMLESS the Releasees from all expenses, fees, liability or damage award or cost of any type whatsoever arising from my participation in these events or programs.
7. I HAVE READ AND UNDERSTOOD THIS WAIVER, RELEASE AND INDEMNITY. I am aware that by signing this agreement I am waiving substantial legal rights (on my behalf and on behalf of my heirs, executors, administrators and next of kin), including the giving up of my right to sue.

SIGNATURE: _____ DATE: _____

Additional Family members:

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

PARENTAL CONSENT FOR MINOR PARTICIPANT and INDEMNITY AGREEMENT

I have read and understood the above waiver, release and indemnity, and have discussed the same with the minor person signing above. I am satisfied the said minor understands the waiver and release and his/her obligations as set out. In consideration of the participation of my minor child/ward I too agree to waive, release and indemnify the Releasees in the terms set out above.

I am aware that by signing this agreement I am waiving substantial legal rights, which my minor child/ward and I, our respective heirs, executors, administrators and next of kin may have against the Releasees.

SIGNATURE _____ DATE: _____

International Cycling Union (UCI) Declaration Waiver for all licensed riders

1. I hereby declare that I am aware of no reason why I should not be granted the requested license.
I undertake to spontaneously return my license in the event of any substantial change to the circumstances existing at the time of the application for a license.
I declare that I have not applied for a license for the same year to the International Cycling Union (UCI) or to any other national federation.
I assume exclusive liability for this application and for the use that I shall make of the licence.
2. I hereby undertake to respect the constitution and regulations of the UCI its continental confederations and its national federation.
I declare that I have read or have had the opportunity to become acquainted with the aforesaid constitution and regulations.
I shall participate in cycling competitions or events in a spirit and fair manner.
I shall submit to disciplinary measures taken against me and shall take appeals and litigation before the authorities provided for in the regulations. I accept the Court of Arbitration for Sport (CAS) as the sole competent body for appeals in such cases and under conditions set out in the regulations. I accept that the CAS shall be the course of last instance and that its decisions shall be definitive and without right of appeal.
With those reservations, I shall submit any litigation with the UCI solely to the courts within whose jurisdiction the head offices of the UCI lie.
3. I agree to and be bound by the UCI antidoping regulations, the clauses of the World Antidoping Code and its international Standards to which the UCI antidoping regulations refer and to the antidoping regulations of other competent bodies as per the regulations of the UCI and the World Antidoping Code provided that they comply with that code.
I agree that the results of the analysis may be made public and communicated in detail to me club or team or to my paramedical assistant or doctor.
I agree that all urine samples taken shall become the property of the UCI which may have them analysed, especially for purposes of health protection research and information.
I agree that my doctor or the doctor of my club or team may, on a request from the UCI, communicate to it a list of any medicines I may take and treatment I may undergo before any given competition.
4. I accept the conditions regarding blood testing and accept to under blood tests.

SIGNATURE _____ DATE: _____

Additional Family members:

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____