

Ballina Bicycle User Group (BUG)

The Secretary, Ballina Bug, PO Box 480 Ballina 2478
Email: secretary@ballinabug.com Web Site: <http://www.ballinabug.com/>

Membership Form

PERSONAL DETAILS

Name: _____

Address: _____

Suburb: _____ Postcode: _____

Email: _____ Date of Birth: _____ Age: _____

Phone: _____ Mobile: _____

Emergency contact Person (different from next of kin) _____

Phone: _____ Mobile _____

Next of Kin: _____

Phone: _____ Mobile _____

MEDICAL INFORMATION

Medicare Number: _____ Name Health Care Fund: _____

Doctors Name: _____ Phone: _____

Do you or have you experienced any of the following conditions:

Medical Condition	Yes	No	Details e.g. medication/treatment
Asthma			
Diabetes			
Allergies			
Epilepsy			
Do you have a hearing impairment			
Heart Condition			
Are you required by law to wear glasses while driving?			
Other Medical Conditions not stated above			

Your Cycling History		
How long have you been riding on the road? Years/Months		
How many Km's do you ride each week on average?		
What is the maximum Km's you have ridden in one day and when?		
How would you describe your cycling skill and experience?		
Beginner	Intermediate	Advanced

Ballina BUG membership fee **does not** include Public Liability and Personal Accident/Income Protection Insurance. The Ballina BUG is affiliated with Bicycle NSW and it is "highly recommended" as a choice of membership for Cycling Insurance. It is a requirement of Ballina BUG that all members are covered by their own Insurance Policy or membership will be declined and you will not be allowed to ride with the Ballina BUG Group.

Insurance details – please provide a photo copy as proof		
Name of membership		
Membership number		Expire date

Declaration

1. I, the undersigned in consideration of and as a condition of acceptance of my membership of the Ballina BUG for myself, my heirs executors and administrators, hereby waive all and any claim, right or cause of action which I or they might otherwise have, arising out of loss of my life or injury, damage or loss of any description whatsoever which I may suffer or sustain in the course of or consequent upon my entry or participation in club activities.
2. This waiver, release and discharge shall be and operate separately in the favour of all person, corporations and bodies involved otherwise engaging and promoting or staging club activities and the servants, agents, representatives and officers and any of them and including but is not limited to the Ballina BUG associated sponsors, medical and paramedical practitioners and personnel, police officers whether or not the loss, injury or damage is attributable to the act or neglect of any one or more of them.
3. I have read the membership conditions and declaration and agree to conform to both of them.
4. I have read, understand and agree to adhere to The Ballina BUG Code of Conduct.
5. I agree to pay the membership in full.
6. I acknowledge that Ballina BUG does not hold Public Liability and Personal Accident/Income Protection Insurance and I hold my own Policy of Insurance to cover personal injury.

Full Name: _____

Signature: _____ Date: _____

Applicant Signature: _____

Parent or Guardian to sign if under 18 years old