



Membership Form

Name:

Address:

Date of Brith:

Tel/Mobile:

Email:

Category:

Signature of applicant. _____

Date: _____

Witnessed by Club Secretary. _____

Date: _____

I understand that my taking part in club training or mountain bike races is promoted under the rules of Cycling Ireland and I accept no liability whatsoever to the promoter, promoting club or any race official in respect of any injury, loss or damage suffered by myself, however caused.

Signed. _____

Date: _____

021racing is affiliated under Cycling Ireland and the Munster Cycling Federation.