



TLI Cycling - Membership Application Form

Please complete all sections and return to your Region Secretary (address at bottom).

Members aged under 18 years must have the Parental Consent section completed by their Parent/Guardian

Are you applying as a new member or renewing existing membership ? Please tick the appropriate box.

If you are renewing, please enter your membership number here (if known)

First Name(s):

Last Name:

Address:

Address:

Address:

Post Code: Tel. Number:

Email Address:

Date of Birth: Gender (tick): Male Female

Club/Sponsor:

AGE CATEGORIES: For members aged 16 and above the age category is determined by the members age on the day of the event. For members aged under 16 the age category is determined by the year in which his/her birthday falls.

	6-7	8-9	10-11	12-13	14-15	16-17	18-29	30-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Male	YE	YD	YC	YB	YA	J	S	M	A	B	C	D	E	F	G	H
Female	YE	YD	YC	YB	YA	J	B	C	D	E	F	G	H	H	H	H

I apply to be a member of TLI Cycling Ltd. I understand that TLI Cycling is a company limited by guarantee. As a member, my liability will be limited to £1 and I undertake to contribute £1 to the assets of TLI Cycling in the event that the Company is wound up while I am a member or within one year after I cease to be a member. I confirm that I am not subject to suspension by any other cycling organisation, or that if so the National Executive of TLI Cycling on appeal has adjudged the action not to be applicable to TLI Cycling events. I also understand that failure to disclose a suspension can result in disqualification from membership of TLI Cycling. I also agree to and will adhere to all other TLI Cycling conditions of membership. I accept as a condition of membership that my personal details as listed above are to stored on a computer database. I also agree that this data may be made available to TLI Cycling Officials and Event Organizers if necessary.

Signature of Member

Date

Parental Consent: I hold legal responsibility for the member aged under 18 on the present application. I understand and agree that my son/daughter participates in events promoted under TLI Cycling's rules and regulations entirely at their own risk. I have considered and understand the nature of such events and have discussed them with my son/daughter. I am satisfied that my son/daughter is sufficiently responsible and competent to assume responsibility for his/her own safety whilst engaged in competition under TLI Cycling regulations. I understand that only competitors aged 14 years and over are permitted to compete on the public highway (12 and over if a time trial) and must there assume full and entire responsibility for their own safety in relation to other traffic. My son/daughter understands that the function of marshals in such events is to do no more than indicate the direction the rider should take and that the responsibility for safety whilst negotiating corners and other hazards must rest with the rider. I have impressed upon my son/daughter that competitors in events on the open road must observe the law of the land relating to road travel. I agree that my son/daughter shall participate in such events without any liability whatsoever on the part of the promoter, promoting club, TLI Cycling, or any club or their officials or members in respect of any injury, loss or damage suffered by him/her, provided that this does not exclude the liability of any such party for death or personal injury arising from that party's negligence. I confirm, that my son/daughter does not have any disability or medical condition, physical or mental, which could affect his/her ability to ride safely as a racing cyclist. I understand that I must notify TLI Cycling at once if any time my son/daughter becomes subject to a disability or medical condition, physical or mental, which could affect his/her ability to ride safely as a racing cyclist. I understand that riders aged under 16 years of age are not allowed to compete unless a parent/guardian is present.

Signature of Parent/Guardian

Date

Name of Parent/Guardian

Relationship

EMERGENCY CONTACT DETAILS:

Name

Phone (ICE)

Please make cheques payable to: TLI Cycling Ltd

The completed form together with correct fee should be sent to your region secretary

Geoff Readman
The Pines
17 Bradgate Road
Altrincham
WA14 4QU

Reference No: [Downloaded Form](#)