

# Forest City Velodrome Membership Application (2011/12)

New Full Membership     Renewal (Membership No. \_\_\_\_\_)     Trial Membership

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov/State : \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone (day): \_\_\_\_\_ (evening): \_\_\_\_\_

Date of Birth (dd/mm/yy): \_\_\_\_\_ Health Card #: \_\_\_\_\_

Gender (M/F): \_\_\_\_\_ Allergies: \_\_\_\_\_

Person to call in case of emergency: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

OCA Affiliated Club Name: \_\_\_\_\_ UCI License No: \_\_\_\_\_

**Full Membership** (\$300) – Valid for one year from date of purchase

**Family Membership** (\$300 + \$150 per additional family member) – All must live at the same address. Please list additional family members with age as of Dec 31 2010.

\_\_\_\_\_ Age \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_ Age \_\_\_\_\_

**Velo-Kids Membership** (\$150) – Saturday Velo-Kids program only

**Junior (under 19) Membership** (\$250)

**FCV designated volunteer** (\$250)

**Supplementary donation** (\$\_\_\_\_\_)

## Payment Method:

Cheque payable to:

Forest City Velodrome Association

VISA

MasterCard

Cheque amount: \_\_\_\_\_ Credit Card amount: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp. \_\_\_\_\_

Signature: \_\_\_\_\_

**Note:** To ride at the Forest City Velodrome you must have OCA liability insurance. US Citizens must also provide photocopy proof of extended health insurance. ***The cost of insurance is not included in your membership.*** OCA liability insurance for 2012 will be available for purchase in January 2012. Those without 2011 insurance may purchase it at the track for a set fee of \$30, but will need to renew in January 2012. Those who have not paid the insurance fee through taking out a race license/permit or membership in another OCA affiliated club must pay for insurance at their first visit to the track in the new year.

## Release, Waiver and Indemnity

In consideration of being a member of the Forest City Velodrome Association I, for my heirs, executors, administrators, successors and assigns hereby release, waive and forever discharge the Forest City Velodrome Association, its sponsors, volunteers, members, organizers, coaches, administrators and Apollo Velodrome Systems of and from all claims, demands, damages, costs, expenses, actions and causes of actions, whether in law or in equity, in respect of death, injury, loss or damage to any person or property, howsoever caused, arising by reason of being a member of the Forest City Velodrome Association.

I further undertake to hold and save harmless and agree to indemnify all the aforesaid from and against any and all liability incurred by any or all of them arising as a result of or in any way connected with being a member of the Forest City Velodrome Association.

I warrant that I am physically fit to participate in bicycle track riding. I understand that bicycle track riding/training are dangerous activities that expose participants to many hazards and risks. By signing this form I acknowledge having read, understood and agreed to the above release, waiver and indemnity.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If under 18, signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Please also complete the attached CCA waiver.**

**I would like to volunteer 2-3 hours a week to the mission of the velodrome as:**

session leader     cleaner     race official     bike mechanic     concession stand salesperson

carpenter, electrician, plumber, other skilled trade (specify: \_\_\_\_\_)

**Mail completed form with payment to:**

**Forest City Velodrome Association, 65 Karen Walk, Waterloo, Ontario, Canada N2L 5X1.**