



2012 South Bay Wheelmen Application for Membership

Please print, sign, and mail with check payable to: **South Bay Wheelmen, P.O. Box 3224, Redondo Beach CA 90277**

- Membership Type** (check box): Single - \$55.00 or
 Single - \$85 with jersey (size XS, S, M, L, XL, XXL, XXXL)
 Family - \$75.00 or
 Family - \$105 with one jersey (size XS, S, M, L, XL, XXL, XXXL)
 New or Renewal

Name (Last, First, Mi): _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Gender: Male Female **Birth Date:** _____

Daytime Phone: _____ **Evening Phone:** _____

Email Address: _____

Occupation: _____

Emergency Contact – Name: _____ **Phone:** _____

Cycling Interests:

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Sport road riding / Touring | <input type="checkbox"/> Track racing | <input type="checkbox"/> MtB riding / Touring |
| <input type="checkbox"/> Road racing | <input type="checkbox"/> Triathlon | <input type="checkbox"/> MtB racing |
| <input type="checkbox"/> Coach / Mechanic | <input type="checkbox"/> Official | <input type="checkbox"/> Team Manager |

Racing Information: Current USCF Member: Yes No **USCF License #** _____

USCF Road Category: _____ (Cat. 1-5, Pro) **USCF Track Category:** _____ (Cat. 1-5, Pro)

Agreement & Liability Release - I wish to be a member of the South Bay Wheelmen (SBW) and certify that the information on this application is truthful. I acknowledge that cycling is an inherently dangerous activity in which I participate at my own risk, and that the SBW is a non-profit corporation formed to advance the sport of cycling, the efforts of which directly benefit me. In consideration of the agreement of the SBW to issue membership to me, hereby on behalf of myself, my heirs, assigns and personal representatives, I release and forever discharge the SBW, any and all liability, claim, loss, cost or expense, and waive any such claims against any such person or organization, arising directly or indirectly from or attributable in any legal way to any action or omission to act of any such person or organization in connection with sponsorship, organization or execution of any bicycle activity or event, including travel to and from such activity, in which I may participate as a rider, team member, club member or spectator. To the best of my knowledge I have no physical condition which would interfere with my ability to participate in or attend any such activity or which would endanger my health thereby. I also understand that I am expected to provide volunteer support to the club-sponsored race, the Manhattan Beach Grand Prix.

Signature of Applicant: _____ **Date:** _____

Parent or guardian of a minor: I, as parent or guardian of the applicant, represent to the SBW that the facts herein concerning my child or ward are true. I hereby give my permission for my child or ward to participate in any bicycle activity organized or sanctioned by the SBW during the period of membership applied for, and further, in consideration of granting such membership, agree, individually and on behalf of my child or ward, to the terms of the above Agreement & Liability Release.

Signature of Parent or Guardian: _____ **Date:** _____

Witness Signature: _____ **Date:** _____