Cross Creek Cycling Club (C4)
2010 Membership Application & Waiver

This membership application must be legible and at a minimum, all information in bold completed to include date of birth. For family memberships, all members that want a card must have a separate application form. If you are mailing this application in and want your photo on it, please email a frontal headshot photo to Admin@CrossCreekCyclingClub.org so it can be added. If you want your card mailed back to you, please include a SASE (self addressed stamped envelope).

Last Name	**How did you find out about the Club**		
First Name	**MI**	**Home Phone**	**Cell Phone**
Street Address		Mbr # /	
City, State, Zip		**Email**	
Date of Birth (dd mmm yyyy)		Spouse's Name	
Emergency Contact name		**Emergency Contact phone**	
Emergency Contact relationship		**Allergies**	
Medical conditions			
Gender (Circle) Female		**Renewal?** No	
USAC License #	**Category**	**Team Affiliation**	
Select Military Status Active Duty			
Select Household Income <$20,000			

Dues (Valid Dec 31st, 2009 thru Dec 31st, 2010) Individual Lifetime ($200.00)	**Official Use Only** Payment Date: _____ Method: _____ Check #:_____ Received by: _____ To Treasurer _____ Card issued: _____

Additional Family Member Cards (Waiver applies to the below named individuals as well)

Name	DOB	Gender	USAC Lic#	USAC TM	USAC Cat	Allergies	Med Cond

Club Membership Application Waiver

I know that participating in and volunteering at club races, training events, other riding activities, and voluntary support of said activities is potentially hazardous. I will not participate in club events I am not properly trained or medically capable of safely completing. I assume all risks associated with bicycling and volunteering in club events including but not limited to falls, contact with other participants; traffic; the effects of the weather, including high heat and humidity; and the conditions of roads and traffic. I am aware that athletic activities are potentially dangerous, and understand and accept the risks of participating. Having read this waiver and knowing the facts, and in consideration of your acceptance of my application for membership, I for myself and any one entitled to act on my behalf, waive and release the Cross Creek Cycling Club (C4), its officers and members, all sponsors, and all their representatives and successors from all claims or liabilities of any kind arising out of my participation in club activities even though the liability may arise out of negligence or carelessness on the part of the persons named in this waiver. Signing this waiver must be done prior to submission of membership application. **All current and new members are required to review the Club Ride Rules. Failure to review the rules does not negate the responsibility to follow them.** Membership term is per calendar year, January thru December. Renewals must be executed on a new membership application form.

SUBMIT

PRINT

Signature: _____ Date: _____

Parent's signature if under 18: _____ Date: _____

Printed name of parent or legal guardian: _____ Relationship:_____

This completed form and payment may be given to any club officer or mailed to the address below.

Please make checks payable to: Cross Creek Cycling Club, P.O. Box 53039, Fayetteville, NC 28305

www.CrossCreekCyclingClub.org