



# Cross Creek Cycling Club (C4) 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 their information included in the Family Member section below. If you want your card mailed back to you, please include a SASE (self addressed stamped envelope).

|                                       |                          |  |                    |
|---------------------------------------|--------------------------|--|--------------------|
| <b>Last Name</b>                      |                          | <b>How did you find out about the Club</b> |                    |
| <b>First Name</b>                     | <b>MI</b>                | <b>Home Phone</b>                          | <b>Cell Phone</b>  |
| <b>Street Address</b>                 |                          | Mbr # /                                    |                    |
| <b>City, State, Zip</b>               |                          | <b>Email</b>                               |                    |
| <b>Date of Birth (dd mmm yyyy)</b>    |                          | Spouse's Name                              |                    |
| <b>Emergency Contact name</b>         |                          | <b>Emergency Contact phone</b>             |                    |
| <b>Emergency Contact relationship</b> |                          | <b>Allergies</b>                           |                    |
| <b>Medical conditions</b>             |                          |  |                    |
| <b>Gender</b>                         |                          | <b>Renewal?</b>                            |                    |
| <b>USAC License #</b>                 | <b>Category</b>          | <b>Team Affiliation</b>                    |                    |
| <b>Military Status</b>                |                          |  |                    |
| <b>Household Income</b>               |                          |  |                    |
| <b>Dues for One Year</b>              | <b>Official Use Only</b> |  |                    |
|                                       | Payment Date: _____      | Method: _____                              | Check #: _____     |
|                                       | Received by: _____       | To Treasurer _____                         | Card issued: _____ |

## 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 anyone 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 one year from date signed. Renewals must be executed on a new membership application form.

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](http://www.CrossCreekCyclingClub.org)**