

2017 CVCCA "PARKER'S TEAM" MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Must be 18 years old unless accompanied by an adult. If you are under 16 years of age, prior approval from the coaching staff is required

Name: _____ New Member Alumni (Please circle)

Address: _____

City: _____ ZIP Code: _____ Date of birth (MM/DD/YY) : _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

MEDICAL INFORMATION (Optional)

Medical Insurance Provider: _____ Medical #: _____

Primary Physician: _____ Medications: _____

Physician's Phone: _____ Allergies: _____

EMERGENCY CONTACT

Name of emergency contact (Required) : _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

NEW MEMBERS ONLY – (Please Circle Answers)

Level of Skill: Beginner Intermediate Advanced Have you ever completed a Century Ride: YES NO Do you have your own bike? YES NO If no, would you need a loaner bike, if available? YES NO	Jersey Size (sizes tend to run small): Men's - Sm Md Lg XL 2X 3X 4X Women's - XS Sm Md Lg XL 2X 3X **New members who have paid their membership dues and completed the fundraising and training will be awarded a Parker's team jersey**
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ALUMNI ONLY

We look forward to having you ride and volunteer with the team when you can.

Please let us know if you are interested in helping with:

- | | | |
|------------------------------------|--|--|
| <input type="checkbox"/> Mentoring | <input type="checkbox"/> Fall Fundraiser | <input type="checkbox"/> Communications/Website/Facebook |
| <input type="checkbox"/> Coaching | <input type="checkbox"/> Fireworks Stand | <input type="checkbox"/> Membership |
| <input type="checkbox"/> SAG'ing | <input type="checkbox"/> Valley Girls Ride | <input type="checkbox"/> Other |

MEMBERSHIP DUES

Membership dues pay for team expenses such as loaner bikes, insurance, administrative costs, etc. so that 100% of new member fundraising can go directly to our selected charities.

<input type="checkbox"/> New member , I agree to fundraise \$1,000 to be fully submitted 2 weeks prior to our event. <small>**Family Membership does not apply**</small>	\$100
<input type="checkbox"/> Alumni	\$100
****NEW**** <input type="checkbox"/> Social Alumni – For those who do not plan on riding this season but wish to stay connected through social media i.e. forum, mail chimp, etc. This will keep your alumni status active. If you wish to not continue as a social alumni, you will be subject to fundraise when you return.	\$25
<input type="checkbox"/> Alumni Family Membership. Applications/waivers for additional family members attached. If a family member is a new member, he/she must pay the initial \$100 dues separately.	\$185
Please charge my VISA MASTERCARD DISCOVER (Please circle)	Amount due: \$
Card Number: - - - / Exp. Date / (MM, YY) CVV# _____	

Mail your completed application and payment to: CVCCA, PO Box 3611, Pinedale CA 93650-3611
 If paying by check, please make your check payable to: *CVC Charitable Association*

SIGNATURES

Your signature below authorizes that you have read and accept the Accident Waiver and Release of Liability.
 If under the age of 18, this application and waiver acceptance must be signed by a parent/guardian.

Signature of applicant: _____ Date: _____

Signature if parent/guardian if required: _____ Date: _____

ACCIDENT WAIVER AND RELEASE OF LIABILITY

PRINT NAME: _____

I understand and agree that I am voluntarily participating in the Central Valley Cycling Charitable Association's "Parker's Team" and all of its activities.

I acknowledge that this athletic event is an extreme test of a person's physical and mental limits and carries with it a potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to athletes, but are also present for carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently trained for participation in the event and have not been advised otherwise by a qualified medical person.

I acknowledge that this Accident Waiver and Release of Liability (AWRL) form will be used by the event holders, sponsors and organizers, in which I participate and that it will govern my actions and responsibilities at said events.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

- (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me or my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: Central Valley Cycling Corporation to include their ride entities of, but not limited to; Central Valley Cycling Charitable Association, Valley Girls Ride, all directors, officers, employees, volunteers, representatives, and agents, event holders, event sponsors, event directors, and event volunteers for each of these entities;
- (B) Indemnify and Hold Harmless the entities or persons mentioned in paragraph (A) from any and all liabilities or claims made by other individuals or entities as a result of any of my actions during this event.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and or illness during this event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors organizers and or assigns.

This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I hereby certify that I have read this document; and understand its content.

SIGNATURE: _____ DATE: _____

In case of emergency: _____ Phone: _____

PARENT GUARDIAN WAIVER FOR MINORS (Under 18 years old)

The undersigned parent and natural guardian or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

PRINT NAME: _____ AGE: _____

SIGNATURE: _____ DATE: _____ (2015 Rev. 10/10)