

RIDER APPLICATION FORM FOR 2010/11 CYCLING SOUTHLAND

(PLEASE COMPLETE THE FOLLOWING FORM AND ATTACH FULL DETAILS OF RACE
RESULTS AND COMPETITION/TRAINING TIMES RELEVANT TO THIS EVENT)

I, _____ (full name)

of _____ (address)

apply for consideration to be selected in the Cycling Southland team to compete in

_____ (event name)

At the time of signing this form:

- I acknowledge I have been given access to a copy of the Cycling Southland Selection Policy, which I have read. I agree to comply with it;
- I agree to comply with the constitutions of Cycling Southland, together with all Regulations, policies and reasonable directions of the Executive and the Chief Executive;
- I declare that I am a current and financial member of Cycling Southland;
- I declare that I have no outstanding money owing to Cycling Southland;
- I acknowledge that my only right of appeal in respect of my non-selection is as set out in the Cycling Southland Selection Policy and;
- I understand that I will be required to sign the Cycling Southland Rider Agreement if I am selected in the Cycling Southland team for the above event.

Signed: _____

Date: _____

Under 18 years – Consent of Parent/Guardian

I am the parent/guardian/caregiver of the rider who is under 18 years of age. I have read and understood the above application form and the Cycling Southland Selection Policy. I have explained the effect of this form and Policy to the rider and consent to the rider's application on the basis set out in this form and in the Policy.

Surname: _____ First Name: _____

Signed: _____

Date: _____

SEND THIS SIGNED FORM, TOGETHER WITH DETAILS OF RELEVANT RACE RESULTS AND COMPETITION/TRAINING TIMES TO THE CYCLING SOUTHLAND OFFICE. FAX 03 2170685, EMAIL OFFICE@CYCLINGSOUTH.ORG.NZ