

## 2003 Finger Lakes Cycling Club Membership Application

New    Renewal

Cycling interests:  Touring    Racing    Mountain    Road

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone:(\_\_\_\_)\_\_\_\_-\_\_\_\_   Bus. Phone:(\_\_\_\_)\_\_\_\_-\_\_\_\_

Birthday: \_\_/\_\_/\_\_   Occupation: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Affiliated Memberships:   LAB(LAW)   USCF (cat:\_\_\_\_)   NORBA (cat:\_\_\_\_)

Other(s): \_\_\_\_\_

Please check here if you do \*NOT\* want to be included in the published directory of FLCC members.

### Membership class and fee

Individual - \$10.00 per year (\$3.00 after September 1)

Family - \$12.00 per year for two or more family members

Associate - \$7.00 per year for members of other cycling clubs who want to participate in FLCC activities

In order to maintain a program of cycling events, the Finger Lakes Cycling Club needs the help of all its members.

Please indicate below any duties you could help with.

Leader of a tour   Course marshal   Finish judge   Publicity

### Qualifications, restrictions, and instructions

- Membership is restricted to those who are 12 years of age or older.
- Applicant must sign waiver below. Those under 18 years of age must have a parent or legal guardian cosign.
- Members must wear helmets while participating in club activities.
- Make checks payable to "Finger Lakes Cycling Club"
- Mail completed and signed forms with check to: Kathy Hopkins, 107 Midway Rd., Ithaca, NY 14850

### Waiver of rights

In consideration of my being accepted as a member of the Finger Lakes Cycling Club, I do hereby waive for myself, my heirs, executors, administrators and assigns all claims and rights for damages I might have against the Finger Lakes Cycling Club, its agents, representatives and assigns for any and all injuries suffered by me, including death, or for damage to bicycle or to other personal property, while participating in any races, tours or other activities organized by the aforementioned club. This also pertains to travel to and from the starting point of all such activities. I further certify that I have no physical defects or weaknesses that might make participation in these activities harmful to me.

Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent or guardian: \_\_\_\_\_

Please mail completed membership applications to:

FLCC c/o Kathy Hopkins

107 Midway Road

Ithaca, NY 14850