



**2015 REGISTRATION FORM
JANUARY - DECEMBER 2015**

CLUB:	CATEGORY:
SURNAME:	NAME:
DATE OF BIRTH:	PLACE OF BIRTH:
ID CARD No:	PASSPORT No:
NATIONALITY:	OCCUPATION:
POSTAL ADDRESS:	
HOME TEL No:	MOBILE No:
EMAIL ADDRESS:	
BLOOD GROUP:	ALLERGIES:
FEDERATION MEMBERSHIP FEE (Cheque Payable to MALTA CYCLING FEDERATION) Under 18 €30.00 - Over 18 €40.00 - Individuals €50.00 Two passport size photos must be submitted with relevant fee	
DISCLAIMER I declare that I have been medically examined and certified to complete in the events organised by and under the auspices of the Malta Cycling Federation. I have subscribed to an insurance policy that satisfies the minimum requirements of the Malta Cycling Federation. I enter for these events at my own risk and agree that the organizers, helpers, sponsors and officials shall not be responsible for any injury, illness or damage to my person or personal belongings, howsoever caused, during training, any pre, actual or post event connected with these events. I agree to be bound by the regulations of these events, and the laws and regulations of the Malta Cycling Federation. I have not taken and am not taking any illegal substances in terms of the relevant WADA list and I shall remain responsible and in virtue of the present am binding myself to indemnify the Malta Cycling Federation and its affiliated Clubs and recognised bodies, for any damages of whatever nature that the said Federation and/or Clubs and/or recognised bodies may suffer if it results that I have taken such substances. I, the undersigned declare that I have understood the contents and import of this document and the relative regulations after they were duly explained to me and after I confirmed my understanding thereof. I also declare that the above particulars are complete and correct in every detail. I submit this data for MCF purposes only	
Signature: _____ Date: _____ Name of Parent/Guardian: _____ Signature: _____ <i>For cyclists under 18 years of age an additional Parent/Guardian signature is required</i>	
CLUB ENDORSEMENT - Please list the above cyclist as a member of our club Name: _____ Signature: _____ Position: _____ Date: _____	
Medical Certificate: I have medically examined the above cyclist and certify that in my professional opinion he/she is fit to participate in cycling competitions. Doctor _____ Signature: _____ Date: _____ <i>Please include Doctor's stamp with Medical Registration Number</i>	