

# Tourist Membership form **Courtown BMX Club**

## July and August

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of birth \_\_\_\_\_

Home phone \_\_\_\_\_

mobile \_\_\_\_\_

Email \_\_\_\_\_

Parent/guardian name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_

mobile \_\_\_\_\_

Email \_\_\_\_\_

Any medical history allergies please

state \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doctors name \_\_\_\_\_

Doctors address \_\_\_\_\_

Doctors phone number \_\_\_\_\_

(ICE) in case of emergency

Name \_\_\_\_\_ contact number \_\_\_\_\_

Permission for photos to be taken    yes     no

Permission for videos                    yes     no

Are you a member of another club    yes     no

Name of club \_\_\_\_\_

Cycling Ireland number \_\_\_\_\_

Race number \_\_\_\_\_

Date membership taken out \_\_\_\_\_

Signed \_\_\_\_\_