



## 2012 South Bay Wheelmen Application for Membership

Please print, sign, and mail with check payable to: **South Bay Wheelmen, P.O. Box 3224, Redondo Beach CA 90277**

**Membership Type** (check box):  Single - \$55.00 or  
 Single - \$85 with jersey (size XS, S, M, L, XL, XXL, XXXL)  
 Family - \$75.00 or  
 Family - \$105 with one jersey (size XS, S, M, L, XL, XXL, XXXL)  
 New or  Renewal

**Name** (Last, First, Mi): \_\_\_\_\_

**Street Address:** \_\_\_\_\_

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

**Gender:** Male  Female  **Birth Date:** \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_ **Evening Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Emergency Contact – Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Cycling Interests:**

Sport road riding / Touring       Track racing       MtB riding / Touring  
 Road racing       Triathlon       MtB racing  
 Coach / Mechanic       Official       Team Manager

**Racing Information:** Current USCF Member:  Yes  No      **USCF License #** \_\_\_\_\_

USCF Road Category: \_\_\_\_\_ (Cat. 1-5, Pro)      USCF Track Category: \_\_\_\_\_ (Cat. 1-5, Pro)

**Agreement & Liability Release** - I wish to be a member of the South Bay Wheelmen (SBW) and certify that the information on this application is truthful. I acknowledge that cycling is an inherently dangerous activity in which I participate at my own risk, and that the SBW is a non-profit corporation formed to advance the sport of cycling, the efforts of which directly benefit me. In consideration of the agreement of the SBW to issue membership to me, hereby on behalf of myself, my heirs, assigns and personal representatives, I release and forever discharge the SBW, any and all liability, claim, loss, cost or expense, and waive any such claims against any such person or organization, arising directly or indirectly from or attributable in any legal way to any action or omission to act of any such person or organization in connection with sponsorship, organization or execution of any bicycle activity or event, including travel to and from such activity, in which I may participate as a rider, team member, club member or spectator. To the best of my knowledge I have no physical condition which would interfere with my ability to participate in or attend any such activity or which would endanger my health thereby. I also understand that I am expected to provide volunteer support to the club-sponsored race, the Manhattan Beach Grand Prix.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Parent or guardian of a minor: I, as parent or guardian of the applicant, represent to the SBW that the facts herein concerning my child or ward are true. I hereby give my permission for my child or ward to participate in any bicycle activity organized or sanctioned by the SBW during the period of membership applied for, and further, in consideration of granting such membership, agree, individually and on behalf of my child or ward, to the terms of the above Agreement & Liability Release.

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_