



DORKING CYCLING CLUB

Rider Group Allocation Form

FIRST NAME: _____

SURNAME: _____

ADDRESS: _____

POST CODE: _____

E-MAIL ADDRESS (IN BLOCK CAPITALS) : _____

All cyclists, new members especially, are recommended to obtain medical clearance from their own doctor to participate in Club cycling events. They are also requested to carry a mobile phone with emergency contact numbers or their DCC membership card with emergency contact numbers.

SAFETY POINTS FOR YOUR RIDE – PLEASE READ

You are responsible for your own safety and for riding sensibly, within the rules of The Highway Code. Check your bike and brakes regularly.

Experienced riders will speak up if they see any unsafe manoeuvres or careless cycling. Persistent offenders will be asked to leave the ride. Riding two abreast is OK in quiet lanes but DO NOT aggravate car drivers; move into single file if you hear a vehicle or if other riders shout 'car up' or 'car down'.

Wear a helmet AND bright colours. A black-clad cyclist can be invisible to a car driver. If there is any chance of rain, carry a water-proof top and remember: it is better to be too hot than too cold. Mitts are essential and eye protection is recommended.

If you have ANY doubts about your fitness or health, don't ride until you have seen your doctor for the appropriate checks and been cleared as fit. If you feel unwell on a ride, let people around you know immediately and stop.

If you are struggling, you MUST let the leader know so he/she can moderate the speed or discuss an easy return route, preferably with a 'buddy'.

Carry 2 spare tubes & tools. Know how to change a spare quickly. Get off the road. Carry a mobile phone but please DON'T use it on the move! Don't stop without telling others.

In a tight peloton DON'T brake suddenly! Watch out for potholes and gravel on junctions. Point out hazards for the rider behind you.

By signing this form you accept that you join it at your own risk. You recognise that cycling can be dangerous and that you have read and understood the safety points below. You agree to abide by them while cycling with Dorking Cycling Club for your own safety and that of others. You accept that DCC has taken reasonable and practical steps to make you aware of the risks and to mitigate them

PARENTAL CONSENT U18's

I _____ (parent/guardian name) confirm that _____ has my full consent to participate in activities organised by Dorking Cycling Club or in which Dorking Cycling Club and its members participate. I understand and confirm that it is my responsibility, and not that of the club, to ensure that he/she is aware of the risks and responsibilities involved in such events and that he/she abides by the rules, regulations and requirements of Dorking Cycling Club in connection with such events. I am satisfied that my son/daughter is sufficiently responsible and competent to assume full and entire responsibility for his/her own safety and actions when involved in club activities. I will ensure that he / she is suitably attired in clothing appropriate for the prevailing weather conditions, has money, a drink and adequate nutrition.

I understand that in the event of any injury or illness, all reasonable steps will be taken to contact me and to deal with that injury/illness appropriately. I understand that club activities take place on public roads and accept and acknowledge on behalf of my child that there is a risk of serious injury when undertaking such activities.

SIGNED: _____ DATE: _____

NAME _____ EMERGENCY CONTACT NAME: _____

EMERGENCY PHONE NUMBER: _____

RELEVANT MEDICAL CONDITIONS & ANY MEDICATION: _____ / _____

GROUP: _____ RIDE CO-ORDINATOR: _____