



RIDER APPLICATION FORM /"4236-17"UGCUQP

Name _____ Date _____

Address _____

City _____ Province _____ Postal Code _____

Birth date (d/m/y) _____ Home phone _____ Athlete phone _____

Athlete email _____

Parent Name 1 _____ Parent Name 2 _____

Parent cell 1 _____ Parent cell 2 _____

Parent email address(es) _____

A Cycling BC membership is MANADATORY to be a member of Team Squamish, and must be purchased prior to January 1, 2017.

Are you prepared to become a current SORCA member (Squamish Off Road Cycling Assoc)? _____

How many hours a week are you actively training in sports: What sports? _____

Jan – Apr _____ May – Sept _____ Oct – Dec _____

What category do you presently race in? _____ XC / DH / RD

How many years have you been cycling? _____ How many years have you been racing? _____

How many races did you start in 2017/16? _____ How many races did you finish? _____

What were your top 3 finishes in 2017/16? _____

What are your top 3 goals for the 2016/2017 racing season?

Team Squamish racers must commit to 10 races during the season including the SORCA Toonie XC Races, BC Cup Series etc. Can you meet this requirement? (yes or no) _____

Do you currently keep a training journal? _____

What kind of information do you maintain in it? _____

Why do you want to stay or become a rider for Team Squamish? _____

What skills, enthusiasm or other attributes do you bring to the Team? _____

Do you have what it takes to race on a team? Explain.

Application deadline is October 31, 2016 for 2016/2017 full season, but new applications will be considered throughout the 2016/2017 season. Please return forms to: Corsa Cycles, Tantalus Bike Shop or Republic Cycles or via email to:

The coaching fee will be \$250.00 for the 2016/2017 year. A cheque dated October 31, 2016, made out to **Team Squamish Cycling Association** must accompany this application form. It will be returned if the applicant is not selected. You will receive a confirmation email (sent to the email address above, parental emails are appreciated also) from a representative of Team Squamish upon receipt of your application.

Note: An additional fee of \$125.00 will be collected for the athlete kit when it is ready in the spring.

As an ambassador for TEAM SQUAMISH and its' sponsors, your conduct both on and off the bike will be scrutinized.

The Team Code of Conduct is:

Being Humble – not bragging

Being Encouraging – not putting down other riders

Being Helpful – not laughing at unfortunate situations

Being Respectful – thanking the race officials, coaches and volunteers

Being Committed – putting all efforts into racing

ALL TEAM SQUAMISH riders must commit to attending team functions and activities, which may include team training rides, mentoring, fundraising, trail maintenance, etc.

Being an excellent ambassador for the sport of cycling and for Team Squamish will serve you well in the event that you one day apply for a higher level of sponsorship. Activities of Team Squamish members would look like helping out with trail maintenance days, teaching clinics, working with kids all the while promoting the sport of cycling and our community and sponsors.

As Team Squamish Cycling Association is obligated to advertise for all of our sponsors, as a Member you are required to wear the Team Squamish kit (jersey, shorts and jacket) at all Team Squamish practice rides, all local races including Test of Metal, Ore crusher, Gearjammer and Toonie races as well as all Cycling BC Cup races. Not wearing your Team Squamish kit will result in the loss of reimbursement of your race fees at the end of the season. Any rider who is sponsored beyond the grassroots level must first be approved by the Team Squamish Executive prior to the rider wearing that sponsor's jersey.

Team Squamish Coaches will recognize and may recommend any team member to the Cycling BC Coaches to attend camps, clinics, and high performance training rides. The member must be in good standing with Team Squamish. Good standing includes attending training rides, wearing team kit and displaying the Team Squamish Code of Conduct.

The selection committee looks at a wide spectrum of attributes. The behavior and success of Team members is the Team's most powerful marketing tool. It is the expectation that all team members will refrain from using drugs, alcohol, profanity and poor sportsmanship and otherwise conduct themselves in an exemplary fashion at all times and participate in sport with integrity, striving to compete only by legitimate means.

I realize this is only an application and fully understand a final decision on selection will be made on or before November 4, 2016. I have read, understand and agree to abide by all rules and obligations set out herein.

Applicant Signature _____

Parent/Guardian Signature _____



Liability Waiver

I, the undersigned, am aware of the risk of bicycling and otherwise participating in these events and voluntarily assume such risk. In consideration of being sponsored by Team Squamish , I release for myself, my heirs, and personal representatives, and the undersigned registrant under 18 years of age (minor), Team Squamish, SORCA, and the respective directors, officers, volunteers, as well as the sponsors from any claim, liability, demand, action, and cause of action whatsoever (collectively, “claim”) arising out of or related to any loss, damage or injury (collectively “loss”), to myself or my property, that I may sustain in connection with , or arising out of , this sponsorship. If the sponsorship applicant is a minor, I (as a parent or guardian) agree to indemnify and hold harmless each Indemnity against any claim for any loss said minor may sustain in legal or other expenses incurred by any Claim by or on behalf of said minor for any such loss. If no parent or guardian signature appears below, the potential sponsor is deemed to be 18 years of age or older.

Applicant Signature _____, Parent/Guardian Signature _____

Team Squamish Representative Signature _____ Date _____

In order for this application to be considered, this Liability Waiver must be signed.

MEDICAL AUTHORIZATION AND RELEASE

With concern to my son/daughter's (name) _____ participation with the Team Squamish Cycling Association ("Team Squamish"): My child and I authorize the Team Squamish coaches (or his/her designee) to consent to the rendering of medical treatment considered to be appropriate, in the event that my child is injured or becomes ill during practices, or other activities. This is to further authorize any hospital, physician, emergency medical technician or other health care provider to provide such medical treatment and care as may be required for the health, safety and well-being of my child.

My child and I hereby release any claims, which I might otherwise have against any such health care provider for the rendition of medical services to my child in reliance upon this Medical Authorization. My child and I likewise release any claims which I might otherwise have against the Team Squamish, any Team Squamish coaches or their designees for the authorization of such medical care or treatment for my child as they believe to be warranted under the circumstances.

I understand and agree that I will be financially responsible for all charges incurred in connection with such medical treatment.

My child and I further acknowledge that I have been advised that participation in cycling is inherently risky; that participation in this sport involves vigorous physical activity and that there is the potential for participants to sustain serious injuries. My child and I hereby represent that my child is physically fit to participate in this sport. My child and I understand and agree to release and indemnify Team Squamish and any of the Team Squamish coaches in the event of any injury or illness of my child arising out of his or her participation in cycling activities.

NAME: _____.

CARECARD # _____.

My child's regular family doctor is: _____ Phone: _____.

His/Her dentist is: _____ Phone: _____.

Other doctors of my child are: _____.

(Please list specialty) _____.

My child has the following drug allergies: _____.

My child is taking the following medications: _____.

And has the following medical conditions: _____.

Emergency contacts in the event that I cannot be located are:

Name: _____ Relationship: _____ Phone Number _____.

Name: _____ Relationship: _____ Phone Number _____.

Date: _____ Parent/Guardian Signature _____.

Evening/Weekend Phone: _____ Work: _____.