

2016 Tri-State Velo Membership Application

Instructions:

1. Please read and fill out all of the information on this form.
2. Please don't forget to sign and date the club waiver below.
3. Yearly dues are \$35.00, all additional shipping fees are paid with the Voler order. Online membership will be available via BikeReg at www.bikereg.com/tsv.
4. Completed form and check must be received by December 31, 2015. Please make check payable to Tri-State Velo, 7205 Cedar Ave, Pennsauken, NJ 08109.
5. Shipping date for clothing from Voler is the week of February 24th -28th, 2016. Clothing will be shipped to you within 14 days of that date. Please make sure that you include a shipping address if it is different from your home address.

Personal Information:

Name:	first	last	middle init.
Address:	Street	Apt. #	
City	State	Zip	
Birth date: ## / ## / ##	Sex (M/F)	Height /Weight	
Your contact Info:	Phone	Email	

Racing Information:

2016 Racing Age _____ USAC License Number _____

Present USAC Category: Road _____ Track _____

Former USAC Team / Club(s) _____

I am interested in racing: Road _____ Track _____ Off-Road _____ TT _____ Criterium _____

Cycling / Racing Goals: _____

CLUB WAIVER OF LIABILITY

In signing this release for myself or for the named applicant, if applicant is under the age of 18, I acknowledge that I understand the intent hereof, and hereby agree to absolve and hold harmless the Tri-State Velo Club, its members, officers, current and future sponsors and their officers and employees respectively, and any others connected with any club event in any way whatsoever, singly and collectively from and against blame or liability for any injury, misadventure, harm, loss, inconvenience, or damage suffered or sustained as a result of participation in any and all Tri-State Velo Club events or in any activities associated therewith. I understand that the Tri-State Velo Club and any of its present or future sponsors are not responsible for, and are not insurers of my personal safety during rides or events. I thus release them, and I agree to save them harmless, from any and all liability arising from my having sustained any property damage or personal injury by reason of their negligence in participating in, sponsoring, planning, or arranging the events. I also hereby consent to and permit emergency medical treatment in the event of injury or illness. I shall abide by the traffic laws and regulations and practice courtesy and safe cycling. I have read this document and I understand that it is a release of all claims. I understand that I assume all risks inherent in bicycle events. I voluntarily sign my name evidencing my acceptance of the above provisions and conditions

SIGNATURE OF APPLICANT _____ Date _____

SIGNATURE OF PARENT/GUARDIAN IF APPLICANT IS UNDER 18 _____