2017 Membership Application

			Rider I	nfo				
Last Name			First		Date of Birth DD/MM/YY		Υ	
Address					Age as of D	ec 31/15	Male	
City			Alberta		Postal Code		Female	
Home #:	Home #: Work #:				Cell#:			
Email:			Citizenship:					
			Club Ir	nfo	•			
Club/Home Track	☐ Independent \$50			lent \$50 *				
Trade Team (if applicab				must be paid by all non-club members				
	·	M	ulti-Disciplir	ne License				
□\$135 Riders born in or b	efore 1996			I will be competing in: check all that apply				
□\$90 Junior Riders born 1997 - 2004			□Road □Track □Cross □MTB/XC □DH/4X					
□\$85 55+ Riders born in or before 1959			Please indicate what category you will be racing in in each sport					
□\$75 DH/4X Riders								
□\$75 Paralympic License			Age Category:					
□\$80 Citizen License **			Racers over 30 years of age:					
□\$40 General Membership (non-racing)			Racing as an Elite					
□\$30 General Membershi	o U17 (non-racin	g)	Racing as a Master					
** Please see http://ww	ww.albertabio	•						
—		BMX/	Freestyle R					
\$85 Junior riders born 1997 - 2009			Ability Category					
\$\infty\$100 Senior riders born in or before 1998			20" Champion	Junior	□Elite			
□\$40 General Membership (non-racing)			20" Challenge	Novice	□Intermedia		□Expert	
			Cruiser	☐ Crusier	Junior Crui	ser	☐ Elite Cruiser	
			Freestyles Technical I	☐ Amateur	□Elite			
□Commissaire*	□Road	□Track	□Cross	 □мтв	□DH	□вмх		
□Manager	□Road	□Track	□Cross	□мтв	□DH	□вмх	*please indicate level	
□Organizer	□Road	□Track	□Cross	□мтв	□DH	□вмх	below	
□Coach*	□Road	□Track	□Cross	□мтв	□DH	□вмх	NCCP #	
Level(s)								
			Other F	ees				
Pedal Magazine	□ \$12	\$12 for no	2 for non UCI Members/Free for UCI License holders					
Rush Processing	□ \$25	Ensures application will be processed in 2 business days (Canada Only)						
		Previo	ous Licensin	g Informati	on			
I have previously held a CC o	r UCI License in:	YEAR (provid	e a copy if first	year in Albert	a)			
I have not previously held a l	icense *license v	will not be pro	ocessed until p	proof of age is	received			
All licenses require a picture	to be submitte	d to info@alb	ertabicycle.ab	.ca before lice	nse can be pri	nted		
			Payment					
Cheque:		*Cheques	to be made p	-	erta Bicycle A			
VISA/MC #:				Expiry Date:		Other Fees	\$	
3 Digit Code (on back of o	ard)					License Fee	\$	
						Total	\$	
Name as it appears on Card:			Cardholder's	Signature:			1	

ph: 780-427-6352 Fax: 780-427-6438

email: Info@albertabicycle.ab.ca

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1. I hereby declare that I am aware of no reason why I should not be issued with the license requested.

I undertake to spontaneously return my license in the event of any substantial change to the circumstances existing at the

time of the application for a license.

I declare that I have not applied for a license for the same year to the UCI or to any other National Federation.

I assume exclusive liability for this application and for the use that the UCI shall make of the license

2. I hereby undertake to respect the Constitution and Regulations of the International Cycling Union, its Continental Confedera

I acknowledge and agree that my personal information provided as part of my application shall be passed and held by the UCI.

I shall participate in cycling competitions or events in a fair and sporting manner.

I shall submit to disciplinary measures taken against me and shall take any appeals and litigation before the authorities provide

I accept that the CAS shall be the court of last instance and that its decisions shall be definitive and without right of appeal. Wit

3. I agree to submit to and be bound by the UCI antidoping regulations, the clauses of the World Andidoping Code and its inter-

I agree that the results of the analysis may be made public and communicated in detail to my club or team or to my paramdeci

I agree that all urine samples taken shall become property of the UCI which may have them analyzed, especially for the purpose

I agree that my doctor or the doctor of my club, team may, on request from the UCI or the CCES, communicate to them a list of

I accept the conditions regarding blood testing and accept to undergo blood tests.

4. I agree to always show respect and consideration towards the public, coaches, commissaires, volunteers and other cyclists.

I agree that all urine samples taken shall become property of the UCI which may have them analyzed,

especially for the purposes of health protection research and information.

I agree that my doctor or the doctor of my club, team may, on request from the UCI or the CCES, communicate

to them a list of any medicines I took and treatment I underwent before any given competition.

I accept the conditions regarding blood testing and accept to undergo blood tests.

4. I agree to always show respect and consideration towards the public, coaches, commissaires, volunteers

and other cyclists.

I have rad and agree to the Declaration:

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Anti-Doping Rule Violation (ADRV) Financial Consequences:

- 1. An individual who has been found to have committed an ADRV may not be subsequently named as a fully funded Participant on any CC project, including, but not limited to, Olympic or Paralympic Games, World Championships, World Cup, or other National Team projects.
- 2. In all circumstances where an ADRV is determined CC will:
- a) recover all costs for the Participant's participation at events for which the Participant's results were disqualified due to an ADRV;
- b) recover all costs for the conduct of the anti-doping hearing; and
- c) obtain a fine proportionate to the seriousness of the violation in those cases where the Participant received the maximum applicable sanction pursuant to the CADP. All fines collected will be directed towards CC's anti-doping education programs.

YES I agree with these financial consequences	

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