



# LUSO AFRICA SPORTS & CULTURAL ASSOCIATION CYCLING DIVISION MEMBERSHIP APPLICATION

Hattingh Park, Walnut Road, Primrose 1401 - PO Box 13482, Witfield 1467  
Fax: 086 626 7724 - Email: [cycling@lusoafrica.org](mailto:cycling@lusoafrica.org) - Website: [www.lusoafrica.org](http://www.lusoafrica.org)

Type of membership:  Single  Family  Scholar  Pensioner

What type of rider are you:  Social  Frequent  Serious

Date of Application:

First Name:  Surname:

Date of Birth:  Blood Group:  ID Number:

Medical Aid Name:  Medical Aid No:

Chronic Medication:  Allergies:

Cell No:  Email:

Telephone Numbers: (H):  (W):

Cycling Kit Size  Bib Shorts: OR  Shorts:  Top:  Pongy:  T-Shirt: Special Request:

Next of kin/ I.C.E.:  Relation:

Contact No:  Email:

Friends Name:  Contact No:

***First names and dates of birth of other members within your family, which are part of a family membership***

Please complete fully as birth dates are required to place people into various categories for inter-club races and our Club-Championships

Name:  Date of Birth:  Age:

Cycling Kit Size  Bib Shorts: OR  Shorts:  Top:  Pongy:  T-Shirt: Special Request:

Name:  Date of Birth:  Age:

Cycling Kit Size  Bib Shorts: OR  Shorts:  Top:  Pongy:  T-Shirt: Special Request:

Name:  Date of Birth:  Age:

Cycling Kit Size  Bib Shorts: OR  Shorts:  Top:  Pongy:  T-Shirt: Special Request:

I, the undersigned, undertake to adhere to all rules of the club and indemnify **Luso Africa Sports & Cultural Club (Cycling Division)** it's officials, members, agents and any other associated party against any loss, damage, injury, fatality or any other occurrence of any nature arising from or in connection with any event of any nature or through any cause whatsoever, regardless of whether such occurrence be as a result of the negligence or gross negligence of any of the abovementioned parties.

All riders participating in a ride and drivers of cars, participate entirely at their own risk and agrees that they shall not have any claim whatsoever against the organisers/club or helpers, as a consequence to the ride or drive back home, harm or loss of property, harm or loss arising out of death, illness or injury to any person or property.

The committee reserves the right to accept or reject any application.

Applicant Name:  Date:

Head of Family on behalf of family members:  Date:

Legal Guardian in case of Minor:  Date:

Signature \_\_\_\_\_

Bank Details: (When making payments direct to the account, put members name under reference)

Account Name: Luso Africa Cycling - Bank: Mercantile Bank - Account No: 1007098015 - Type: Current- Branch Code: 450205