## 2020 Membership Application

Rider Info							
Last Name			First		Date of Birth DD/MM/Y		Y
Address					Age as of Dec 31/20		Male
City			Alberta		Postal Code		Female
Home #: Work #:					Cell#:		
Email:	Citize		Citizenship	zenship:			
Club Info							
Club/Home Track				□ Independent \$50 *			
Trade Team (if applicab			must be paid by all non-club members				
Multi-Discipline License							
I will be competing in: check all that apply							
<b>\$91</b> Junior Riders born after 2001			□Road				
□\$91 55+ Riders born in a	Please indicate what category you will be racing in in each sport						
<b>D\$81</b> DH/4X Riders	······						
<b>\$81</b> Paralympic License	Age Category:						
<b>\$85</b> Citizen License **			Racers over 30 years of age:				
<b>\$41</b> General Membership (non-racing)			Racing as an Elite				
<b>\$</b> 31 General Membership U17 (non-racing)			Racing as a <b>Master</b>				
** Please see http://www.albertabicycle.ab.ca/membership-types							
BMX/Freestyle Racing License							
Ability Category							
<b>\$115</b> Senior riders born in or before 2000			20" Champion	Junior	□Elite		
□\$41 General Membership (non-racing)			20" Challenge	Novice	□Intermediate □Expert		□Expert
			Cruiser	Crusier	Junior Cruiser		Elite Cruiser
			Freestyles	Amateur	Elite		
Technical License							
□Commissaire*	□Road	□Track	□Cross		DH	□вмх	*please indicate level
□Manager 	□Road	□Track	□Cross	ПМТВ	DH	□вмх	below
	□Road	□Track	□Cross	ПМТВ	DH	□вмх	
□Coach*	□Road	□Track	□Cross	ПМТВ	□DH	□вмх	NCCP #
Level(s)							
Other Fees							
Plastic Card Required 510							
I would like to receive emails from ABA o Previous Licensing Information							
I have previously held a CC or UCI License in: YEAR (provide a copy if first year in Alberta) I have not previously held a license <b>*license will not be processed until proof of age is received</b>							
All licenses require a picture to be submitted to info@albertabicycle.ab.ca before license can be printed							
Payment Info							
Cheque: *Cheques to be made payable to Alberta Bicycle Association							
VISA/MC #:				Expiry Date:		Other Fees	\$
3 Digit Code (on back of card)						License Fee	\$
	-			•		GST	\$
Name as it appears on Card:			Cardholder's Signature:			Total	\$
Name as it appears on Card:			Cardholder's Signature:			Total	\$

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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 Confederations and its National Federations.

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

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 provided for in The Regulations. I accept the Court of Arbitration of Sport (CAS) as the sole competent body for appeals in such cases and under the conditions set out in the regulations.

I accept that the CAS shall be the court of last instance and that its decisions shall be definitive and without right of appeal. With those reservations, I shall submit any litigation with the UCI solely to the courts within whose jurisdiction the head offices of the UCI lie.

3. I agree to submit to and be bound by the UCI antidoping regulations, the clauses of the World Andidoping Code and its international Standards to which the UCI antidoping regulations refer and to the antidoping regulations of other competent bodies as per the regulations of the UCI and the World Antidoping Code provided that they comply with that Code.

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

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.

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11759 Groat Rd, Edmonton AB, T5M 3K6

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I have read and agree to the Declaration:

## 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