## 2016 Membership Application

				Rider I	nfo				
Last Name				First		Date of Birth DD/MM/YY		Ύ	
Address						Age as of D	Dec 31/15	Male	
City				Alberta		Postal Code		Female	
Home #:			Work #:			Cell#:			
Email:						Citizenship	):		
				Club Ir	nfo	·			
Club/Home Track						□ Independ	·		
Trade Team (if applicable)							must be paid t	y all non-club members	
			Mı	ulti-Disciplir	ne License		•		
□\$135 Riders born in or bet	fore 19	996			I will be co	mpeting in:	check all tha	nt apply	
□\$100 Junior Riders born 1997 - 2004				□Road	□Track	□Cross	□мтв/хс	□DH/4X	
□\$85 55+ Riders born in or	befor	e 1959		Please indic	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 3	0 years of age	:			
□\$40 General Membership	(non-r	acing)		Racing as an <b>Elite</b>					
□\$30 General Membership	<b>U17 (</b> n	non-racin	g <b>)</b>	Racing as a <b>Master</b>					
** Please see http://ww	w.alb	ertabic	ycle.ab.ca/	membershi '	p-types				
				BMX Racing	License				
□\$85 Junior riders born 1997	7 - 200	9		Ability Category					
□\$100 Senior riders born in o	or befo	re 1998		20" Champion	□Junior	□Elite			
□\$40 General Membership (non-racing)				20" Challenge	Novice	□Intermedia	ate	□Expert	
□\$25 Add BMX to Multi			Cruiser	☐ Crusier	☐Junior Crui	ser	☐ Elite Cruiser		
				Technical I	License				
□Commissaire*	□Roa	d	□Track	□Cross	□МТВ	□DH	□вмх	*please indicate level	
□Manager	□Roa		□Track	□Cross	□МТВ	□DH	□вмх	below	
□Organizer	□Roa	d	□Track	□Cross	□МТВ	□DH	□вмх		
□Coach*	□Roa	d	□Track	□Cross	□МТВ	□DH	□вмх	NCCP #	
Level(s)									
			Т.	Other F					
Pedal Magazine		\$12	\$12 for non UCI Members/Free for UCI License holders						
Rush Processing		\$25		Ensures application will be processed in 2 business days (Canada Only)					
				ous Licensin	_				
I have previously held a CC or									
I have not previously held a lic									
All licenses require a picture	to be s	ubmitted	to info@alb			ense can be pri	nted		
			I de est	Payment				_	
Cheque:			*Cheques	to be made p	1	perta Bicycle A	1		
VISA/MC #:					Expiry Date:		Other Fees	\$	
3 Digit Code (on back of ca	rd)			1			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

## 2016 Membership Application

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 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, v	olunteers/
and other cyclists.	

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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