

# 2010 JUNIOR ROAD RACING CAMP

## APPLICATION FORM

<b>NAME</b>	<input style="width: 95%;" type="text"/>	<b>DATE OF BIRTH</b>	<input style="width: 95%;" type="text"/>
<b>ADDRESS</b>	<input style="width: 95%;" type="text"/>		<b>P/C</b>
<b>EMAIL</b>	<input style="width: 95%;" type="text"/>		
<b>PHONE</b>	<input style="width: 25%;" type="text"/>	<b>CLUB</b>	<input style="width: 45%;" type="text"/>

<b>PAYMENT OF:</b> \$280	<b>BY CHEQUE/MONEY ORDER</b> <small>(Made payable to CycleSport Victoria)</small>	<b>OR</b>	<b>CREDIT CARD</b> <small>(Provide details below)</small>
___ / ___ / ___ / ___	Expiry Date: __ / __	Name on Card: <input style="width: 150px;" type="text"/>	

<b><u>TREATMENT CONSENT</u></b>	<b><u>TELEPHONE</u></b>
NAME OF CONSENTING PERSON: <input style="width: 250px;" type="text"/>	HOME: <input style="width: 150px;" type="text"/>
RELATIONSHIP TO PARTICIPANT: <input style="width: 250px;" type="text"/>	MOBILE: <input style="width: 150px;" type="text"/>
<b><u>MEDICAL</u></b>	
MEDICARE/OTHER: <input style="width: 150px;" type="text"/>	MEMBER NUMBER: <input style="width: 200px;" type="text"/>
AMBULANCE NUMBER: <input style="width: 700px;" type="text"/>	
ESSENTIAL MEDICAL HISTORY: <input style="width: 650px;" type="text"/>	
MEDICATION/TREATMENT ALLERGY: <input style="width: 600px;" type="text"/>	
<small>In the event that I am unable for any reason, I hereby give my consent for the CSV Team Management to arrange, approve and sign for any medical attention, treatment or surgery, which is considered necessary for the above Team Member, and to use Medical Insurance for that purpose if required, and I will not hold the Team Management liable for any consequences whatsoever.</small>	
SIGNATURE: <input style="width: 250px;" type="text"/>	DATE: <input style="width: 100px;" type="text"/>

<b><u>PARTICIPANT SECTION</u></b>
Could participants please answer the following questions when completing their applications:-
<b>Question 1)</b>
List 3 Major goals for second half of 2010 road season?
1. _____
2. _____
3. _____
<b>Question 2)</b>
What would you like to achieve from the 2010 road racing camp?
<input style="width: 95%; height: 100%;" type="text"/>

<b><u>RETURN APPLICATION/MEDICAL FORM TO CYCLESPOORT VICTORIA</u></b>		
<b>MAIL:</b> CycleSport Victoria PO Box 180 Fairfield VIC 3078	<b>EMAIL:</b> Ashley.Coote@cyclimg.org.au	<b>FAX:</b> 8480 3099