# Croston Velo Membership Form

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| Personal Information |  |
| Title |  |
| First name |  |
| Last name |  |
| Birthday (dd/mm/yy) |  |
| Home Address |  |
| Home Address |  |
| Town |  |
| Post Code |  |
| Home phone |  |
| Mobile phone |  |
| Email address |  |
| Name on Strava (if different) |  |
| **Medical Information** |  |
| Relevant medical conditions |  |
| Allergies |  |
| Relevant current medications |  |
| **Emergency Information** |  |
| Emergency contact’s name |  |
| Relationship |  |
| Address (if different from above) |  |
| Phone number(s) |  |

\* Please note that by becoming a member of Croston Velo you agree to review the Group Riding Etiquette and the Croston Velo Risk assessment documentation and will implement the points raised where possible to do so

* <http://www.crostonvelo.co.uk/ride-risk-assessment/>
* <http://www.crostonvelo.co.uk/main-about-us/group-riding-etiquette/>