



**Club Secretaries:** Return this form to your **State Secretary** immediately following the trial ride.

## TRIAL MEMBERSHIP APPLICATION FORM

### Insurance cover and other details for riders taking the trial rides:

- Insurance cover for the rider commences 30 minutes prior to race time and ceases 15 minutes after finishing the race. This is to allow for appropriate warm up and cooling time.
- Insurance cover only applies at the venue of the race involved. That is, does not cover travel from or to the rider's home or other destination.
- The maximum number of rides allowed under the 'trial rides' provision is **two in any year**, but it will be at the discretion of each state body to determine whether they wish to provide Trial Rides.

### Rider's details:

Surname \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Email: \_\_\_\_\_

Tel. No. (Hm) \_\_\_\_\_ (Wk) \_\_\_\_\_ (Mob.) \_\_\_\_\_

In Case of Emergency: Contact Name \_\_\_\_\_ Ph \_\_\_\_\_

Date of Birth \_\_\_\_\_ Name of club where ride(s) taken: \_\_\_\_\_

I agree to allow officers of the AVCC and affiliates to contact me on cycling business by email or telephone. Yes  No

**I agree to abide by the rules and regulations of the Australian Veteran Cycling Council**

Have you had a Trial Ride before? No  Yes  Date of Trial Ride \_\_\_\_\_ Club where ride taken \_\_\_\_\_ (you are ineligible if you have already had two Trial Rides),

**SIGNATURE:** \_\_\_\_\_ **Club Official's Signature:** \_\_\_\_\_