

Download this form and complete it in **BLOCK CAPITALS.** Return to crofttrials@outlook.com with a photo (head/shoulders) of yourself.

**2024 MEMBERSHIP FORM**

1. **YOUR DETAILS –** please ensure you complete all fields in the table below in **BLOCK CAPITALS.**

|  |  |
| --- | --- |
| **FULL NAME**  |  |
| **ADDRESS and****POSTCODE** |  |
| **DATE OF BIRTH**  |  | **TEL. NUMBER**  |  |
| **EMAIL ADDRESS**  |  |

**PREVIOUS MEMBER? YES NUMBER ……………….. NO**

1. **MEMBERSHIP OPTIONS –** please tick the box adjacent to the membership you require.

|  |  |  |
| --- | --- | --- |
| **YOUTH SINGLE MEMBERSHIP** **(*under 14’s only)*** | **£89** |  |
| **ADULT SINGLE MEMBERSHIP**  | **£118** |  |
| **FAMILY MEMBERSHIP PACKAGE *(one adult & one youth under 14)*** | **£190** |  |

**Tick the box if you would like comprehensive insurance covering accidents whilst riding, injury and third-party liability for a £10 annual premium.**

**PAYMENT (BANK TRANSFER PLEASE): Name**: Ms Anne Sidney
 **Account No**: 80666653 **Sort Code:** 20-26-23

 **MAKE & MODEL OF BIKE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **LIABILITY**

I understand that use of Croft Trials Ground is undertaken at my own risk and the Club will not take responsibility for any damages or injury encountered by its members. I will adhere to wearing the correct protective equipment at all times when using the Trials Ground and will respect the Ground, causing no intentional damage or nuisance. Please sign and date below to show you agree to this statement.

**SIGNED** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*\*IF YOUTH MEMBERSHIP, SIGNATURE OF PARENT OR GUARDIAN REQUIRED HERE\*\**

1. **CLUB RULES/INDEMNIFICATION**

Your photo ID must be attached to your bike at all times. Only registered members are allowed to ride, but you are welcome to invite your family and friends to accompany you on foot. Under 18s must be accompanied by an adult.

Please ride within the boundaries of Dalton Woods (refer to map on notice board).

Do not alter any sections.

Protective helmet and clothing must be worn at all times.

Be aware of walkers, who may cross on the public footpath at the top of the track.

Only members and their guests are allowed into Dalton Woods. If you see walkers other than on the public footpath, take a photograph and report to the marshals or to the club.

Members of Thornaby Angling Association may pass only along the riverbanks for the purpose of fishing. Do not ride within 8m of any angler. Stop your machine and allow them right of way.

To cross to the island, use only the fords at either end. Be aware that, during heavy rainfall, the river can rise very quickly.

Please be considerate of our neighbours in Weigh House by the entrance gate. Turn off your engines in the car park.

If the car park is full, use the layby opposite, but do not block access to Pepperfield Farm.

Keep Dalton Woods tidy – please take your litter home.

I have read the Croft Trials Club Rules pertaining to Dalton Woods and agree to be bound by them.  In consideration of the acceptance of this my indemnity, I agree to save harmless and keep indemnified the Croft Trials Club (including the owners or lessees of Dalton Woods) and their respective officials, servants, representatives and agents from and against all actions, claims, costs, expenses and demands in respect of injury or death to myself or others, howsoever caused, arising out of or in connection with the use of Dalton Woods and notwithstanding that the same may have been contributed to or occasioned by the negligence of the said bodies, their officials, servants, representatives or agents.  I further declare that I am a fully paid up member of Croft Trials Club and elect to ride at Dalton Woods Trials Ground entirely at my own risk.

SIGN BELOW TO SHOW YOU AGREE TO ADHERE TO THE ABOVE DECLARATIONS/INDEMNIFICATION:

**SIGNED** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*\*IF YOUTH MEMBERSHIP, SIGNATURE OF PARENT OR GUARDIAN REQUIRED HERE\*\**

**MEMBER UPDATES –** please indicate whether you would like to receive member updates via email by ticking your choice below.

**YES NO**