Name Male / Female

Date of Birth: (if, 18 and under) Contact No.

Address :

Post Code:

BCF Licence No:. Licence Category : \_\_\_\_\_\_\_\_\_

Please circle what type of membership you have BRONZE SILVER GOLD

3rd/4ths category male riders please circle which events you wish to ride : 3rd/4ths Race, 2/3/4 Race or both

Email Address:

Next of Kin Name Next of Kin Contact Telephone Number:

Club or Racing Team Affiliated to:

Winners of events may be asked by the Sponsors to do an interview at the end of their race(s) and also may take photo/video footage of the events. If you have any objections please indicate by a cross in the box

**No Rider’s Registration Fee for 2020 Series :**

|  |  |  |
| --- | --- | --- |
| Programme of evets for each evening Weekly Race Entry Fees for 2019 per event | | |
| 7.30 p.m. BC 2/3/4 Male & Female (min 50 mins)  7.00 p.m. BC 3rd/4th Cat Male riders (min 25 mins  7.00 p.m. all Women including Jnr Women  6.30 p.m. Youth A, B & C category  6.15 p.m. Youth D & E category | Senior Male – 18 + over  Senior Female  Junior  Youth A, B, C  Youth D, E | £12  £10  £10  £5  £3 |

BC ON LINE RIDERS REGISTRATION charge £1**:** [**www.british**](http://www.british)**cycling.org.uk/club/profile/1995/litherland-circuit-league**

Copies of the League Rules and the League Points awarded for each licence category are available from the League Secretary.

Signed By: Dated:

PARENT/GUARDIAN: I hold legal responsibility for ……………………………………….and is aged under 18 on the present application. I understand and agree that my son/daughter participates in events promoted under the BCF and the Litherland Circuit League rules entirely at his/her own risk. I have considered and understand the nature of such events and have discussed them with my son/daughter. I am satisfied that my son/daughter is sufficiently responsible and competent to assume responsibility for his/her own safety. I understand that my son/daughter participate in such events without any liability whatever on the part of the organisers or their promoting clubs, the Litherland Circuit League or their officials or members in respect of any injury, loss or damage suffered by him/her. I confirm that my son/daughter does not have any disability or medical condition physical or mental, which could affect his/her ability to ride safely as a racing cyclist.

If you do not want photos/video footage being taken of your child please indicate by putting a cross here 

Winners of events may be asked by sponsors to do an interview at the end of their race with a parent being present. If you have any objections to this happening please indicate by putting a cross in the box. 

Print Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed By: Dated:

The completed form together with a cheque made payable to Litherland Circuit League should then be sent to the LCL Treasurer: Ian Kendall, 39, Montclair Drive, Liverpool, L18 0HB at least 6 days before rider’s first event

List of events, results, League positions and news items will be shown on the Merseyside Cycling Development Group website: [www.merseysidecyclingdevelopment.org](http://www.merseysidecyclingdevelopment.org)