



MASTERS & LADIES CYCLING CLUB

Port Elizabeth | Eastern
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NEW MEMBERSHIP APPLICATION / RENEWAL OF MEMBERSHIP 2025 / 2026

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|----------------------------|--|--|--|--|--|---------------|--|----------------|--|----------------------------|--|-------------------------------|--|-----------------------|--|--------------------------|--|----------------------|--|---|--|-------|--|
| New Membership Application <input type="checkbox"/> Please tick ++ Male or Female 15 years and older may apply New Membership means, not a member of club previous season | | | | Renewal of Membership <input type="checkbox"/> Please tick Renewal of Membership means, was a member of club previous season | | | | | | | | | | | | | | | | | | | | | |
| New Membership Annual Subs | | | | Renewal of Membership Annual Subs | | | | | | | | | | | | | | | | | | | | | |
| | | | | Renewal after 6/09/2025 No Yes Yes = R50 R | | | | | | | | | | | | | | | | | | | | | |
| Full Member | | R800 | | R | | Full Member | | | | R800 | | | | R | | | | | | | | | | | |
| Family Member *** | | R400 | | R | | Family Member *** | | | | R400 | | | | R | | | | | | | | | | | |
| Pensioner ``` | | R400 | | R | | Pensioner ``` | | | | R400 | | | | R | | | | | | | | | | | |
| TOTAL AMOUNT DUE | | | | R | | TOTAL AMOUNT DUE | | | | | | | | | | | | | | | | | | | |
| Select Payment Option | | Single Payment | | | | 2 Consecutive Payments | | | | | | | | 3 Consecutive Payments | | | | | | | | | | | |
| Your Best time in Cape Town Cycle Tour Argus or Herald hh : mm : ss | | | | Previous Season Group | | A+ | | A | | B | | C | | D | | E | | F | | G | | H | | Ebike | |
| Which Year? | | Your current average km/h? | | | | NOTE: A+ is the Elite Series Riders | | | | | | | | | | | | | | | | | | | |
| ++ Membership Any Male or Female 15 years (as determined on the 30 th June following the end of the Season) and older may apply *** Family Member means "spouse ^^^, son or daughter of the Full Member, and living in the same household" ^^^ Spouse means "A person's partner in marriage" or "Couples living together" ``` Pensioner means "A person no longer working and whose income is from a pension fund or investment" | | | | | | | | | | | | | | | | | | | | | | | | | |
| If paying by cash, please contact the office to make arrangement - do not deposit cash as you will be liable for the bank charges. No Cheques accepted. Electronic Fund Transfer (EFT) preferred. Card payment is now also available at venue. Fax Proof of Payment and Membership Application to club secretary (Banking details on page two) | | | | | | | | | | | | | | | | | | | | | | | | | |
| Prof | | Dr | | Mr | | Mrs | | Miss | | Surname: | | | | | | | | | | | | | | | |
| Initials: | | | | | | First Names: | | | | | | | | | | | | | | | | | | | |
| Date of Birth: | | | | ID Number: | | | | | | Gender: | | | | | | | | | | | | | | | |
| yyyy/mm/dd | | | | | | | | | | Male Female | | | | | | | | | | | | | | | |
| Residential Address: | | | | | | | | | | | | Postal Address: | | | | | | | | | | | | | |
| Telephone Home: | | | | | | Telephone Work: | | | | | | Cell Phone: | | | | | | | | | | | | | |
| E-mail address: | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bicycle used in Masters & Ladies races: (No Male / Male combination Tandem allowed) | | | | | | | | | | | | Single Only | | Single & Tandem | | Tandem Only | | | | E-Bike | | | | | |
| MARSHALLING REQUIREMENTS | | | | | | | | | | | | | | | | | | | | | | | | | |
| As a member of the club, you are required to do a minimum of one marshalling duties during the season. If we do run out of marshals for races you may be required to do an additional duty. Please indicate which two races you would like to marshal If you are not a contender for recognition in the age group competition, please consider marshalling one of the Age Group Competition Races | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 st Race to Marshal: | | | | | | | | | | | | Alternate Race to Marshal: | | | | | | | | | | | | | |
| OPTIONAL CONFIDENTIAL INFORMATION - IN CASE OF AN ACCIDENT / EMERGENCY | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact Name | | | | | | Relationship | | | | | | Contact Number: | | | | | | Allergies / Medic-Alert: | | | | | | | |
| Name of Doctor: | | | | | | Contact Number: | | | | | | Your Blood Group: | | | | | | | | | | | | | |
| IMPORTANT NOTIFICATION | | | | | | | | | | | | | | | | | | | | | | | | | |
| Masters and Ladies events are Sanctioned CSA events and approved by provincial body ECC. Our events do comply fully with statutory Sporting Events Act Requirements | | | | | | | | | | | | | | | | | | | | | | | | | |
| PAGE TWO OF THIS APPLICATION MUST BE COMPLETED | | | | | | | | | | | | | | | | | | | | | | | | | |
| FOR OFFICE USE | | | | | | | | | | | | | | | | | | | | | | | | | |
| Receipt No: | | | | Amount: | | | | Cash | | | | EFT | | | | Date: | | | | Race No: | | | | | |
| Database Updated: | | | | Club e-mail | | | | Fees Entered: | | | | Finish Card: | | | | New Member Pack Sent: | | | | Cloth Number Issued: | | | | | |



RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AND PARENTAL CONSENT AGREEMENT ('AGREEMENT')

In consideration of being permitted to participate in any way in any activity organized by the MASTERS & LADIES CYCLING CLUB: PORT ELIZABETH, I, for myself, my personal representatives, heirs and next of kin:

1. Acknowledge, agree and represent that I understand the nature of Bicycling Activities and that I am qualified, in good health and in proper physical condition to participate in such Activity. I further acknowledge that the Activity will be conducted over public roads and facilities open to the public during the Activity, and upon which the hazards of traveling are to be expected. I further agree and warrant that at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.
2. Fully understand that:
 - 2.1. Bicycling activities involve risks and dangers of serious bodily injury, including permanent disability, paralysis and death ('risks');
 - 2.2. these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or the negligence of the 'releasees' named below;
 - 2.3. there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time;and I fully accept and assume all such risks and all responsibility for losses, costs and damages I incur as a result of my participation in the Activity.
3. Hereby release, discharge and covenant not to sue the Club, their respective administrators, directors, agents, officers, volunteers and employees, other participants, any sponsors, advertisers and, if applicable, owners and lessees of premises on which the Activity takes place (each considered one of the 'releasees' herein) from all liability, claims, demands, losses or damages on my account caused, or alleged to be caused in whole or in part, by the negligence of the 'releasees' or otherwise, including negligent rescue operations; and I further agree that if, despite this Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement I, or any one on my behalf, makes a claim against any of the 'releasees', I will indemnify, save and hold harmless each of the 'releasees' from any litigation expenses, attorneys' fees, loss, liability, damage, or cost which any may incur as the result of such claim.

I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature, and intend it to be a complete and unconditional release of any liability to the greatest extent allowed by law, and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect. This agreement will remain valid in perpetuity and until withdrawn in writing by myself.

Print Name of Participant: _____

Signature of Participant:

(Even if aged 18 or younger)

Date: _____

I have read this release

And I, the minor's parent and/or legal guardian, understand the nature of bicycling activities and the minor's experience and capabilities, and believe the minor to be qualified to participate in such Activity. I hereby release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless each of the 'releasees' from all liability, claims, demands, losses or damage on the minor's account caused or alleged to be caused in whole or in part by the negligence of the 'releasees' or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf, makes a claim against any of the 'releasees' named above, I will indemnify, save and hold harmless each of the 'releasees' from any litigation expenses, attorneys' fees, loss liability, damage or cost any may incur as the result of any such claim.

Print Name of Parent/Guardian: _____

Address: _____

Telephone: _____

Signature of Parent/Guardian:

(Only if participant is younger than 18)

Date: _____

Have read this release

CLUB BANKING DETAILS FOR DIRECT DEPOSIT

| | | | |
|-----------------|---------------------|---------------|-------------------------------|
| Bank: | First National Bank | Account Name: | Masters & Ladies Cycling Club |
| Account Number: | 534 200 149 37 | Branch Code: | 261 050 |

**As reference, please include your Race Number with you name and surname. Example: 123 Name Surname Or 123 N Surname
EFT Proof of payment and Membership Application MUST be faxed or e-mail to club secretary**