

VELOCITY

One ride at a time

91 Krause Street, Pembroke ON K8A 6W6 ☎ 613-735-6624 ☎ www.velocitybikeclub.com

Club Details

Vélocity Bike Club offers riders of all ages and cycling levels accessible cycling programs in which to learn how to become a stronger, faster, more confident cyclists through technical and group rides, social events and experienced coaches. We welcome all bike owners to our club.

Members from other Clubs and teams are encouraged to join! This is about bringing the cycling community together!

Memberships:

Categories:

Race Team (Girls and women)	\$200.00 + HST
Regular (19+)	\$115.00 + HST
U19	\$ 90.00 + HST
U 13	\$ 65.00 + HST

Family Memberships: 15% off total membership cost. (3 or more memberships to a max of 2 Regular Memberships with any combination and number of U19-U13 memberships).
CAC members receive a \$15.00 discount on membership.

Club membership includes:

- ✓ Insurance
- ✓ Free Clinic (mandatory learn to ride)
- ✓ Free Bike Fit
- ✓ Unlimited participation in club rides (road, mountain, touring)
- ✓ Social activities
- ✓ Discount on Club Clothing
- ✓ Off-season training available
- ✓ Discount on L.E.A.P. High Performance Clinics and programs

Volunteers:

As our Club grows, it will be necessary to involve our members and supporters in its success. Volunteer opportunities in our club include:

- ✓ Executive and Board of Directors positions;
- ✓ Group ride leader
- ✓ Event coordinator/ Team Leader
- ✓ Commissaire
- ✓ Sprockid leader
- ✓ Coach

Volunteering for the Club for 10 hours or more will give you a \$30.00 discount on next year's membership!

VÉLOCITY BIKE CLUB

2011 Membership Application

New membership ____

Renewal from 2010 ____

DATE: _____

Please make sure you read Vélocity Bike Club details at www.velocitybikeclub.com (membership page), before filling in the membership application form:

Regular Membership Last name _____ First name _____
 Address _____ City _____
 Prov _____ Postal code _____ Birth date _____
 Telephone _____ Day Evening _____
 E-mail address _____
 Emergency contact _____ Phone number _____

U 19 Membership at \$90.00 fee (please ensure waiver is signed by a parent)

Last name _____ First name _____ Birth date _____
 Last name _____ First name _____ Birth date _____

U13 Membership at \$65.00 fee (please ensure waiver is signed by a parent)

Last name _____ First name _____ Birth date _____
 Last name _____ First name _____ Birth date _____

Membership fees (incl. insurance) mark as appropriate

REGULAR \$115.00 X _____
 U 19 members \$90.00 X _____
 U 13 members \$65.00 X _____

Please make your cheque or money order payable to Vélocity Bike Club and mail to:

Vélocity 613-401-6623
 91 Krause St www.velocitybikeclub.com
 Pembroke ON
 K8A 6W6

***Receive 15% off family memberships. (family memberships are 3 or more memberships to a max of 2 Regular memberships+any combo of U19, U13 memberships)**

CAC discount:

Total due: _____ + HST (13%) = _____

Please indicate which Learn to ride clinic you will be attending:

1 May 2010 (10am -2 pm) _____ 7 May 2010 (10am-2 pm) _____
 2 May 2010 (10am-2 pm) _____ 15 May 2010 (10 am-2 pm) _____

Areas of interest and volunteering (please circle all that apply)

Interested in Road Triathlons Mountain Bike Fun Fitness Social Events

Volunteer Club Admin Group ride leader Event Coordinators Clinics Coaching Commissaires

Volunteer Other: (how can you help the club?) _____

PRIVACY AND DATA USAGE STATEMENT/CONSENT

Vélocity Bike Club is committed to the protection of your personal information. We recommend you review the Privacy Policy which can be found on the web site. The personal information that you provide in this membership application is used by Vélocity Bike Club to communicate with you and to facilitate your participation in club activities, including clinics, racing and group rides. Your name and address are disclosed to the Ontario Cycling Association (OCA) to satisfy club affiliation and insurance requirements.

Your name, gender, and age class may be published in association with your participation in any Vélocity Bike Club race results. Aggregate, non-personally identifying membership data may be published. Application for Vélocity Bike Club membership requires that you consent to the above uses of the personal information you provide in this application form. If you are the legal guardian of the applicant and/or you are disclosing personal information of family members, you acknowledge having received their prior consent to your representations in this regard. **I consent** to the above uses by the Vélocity Bike Club of the personal information I have provided.

_____ (signature)

***Each person joining the Club must sign the waiver, a Par-Q Questionnaire and send in with their application to be accepted. ***

PAR – Q & YOU Physical Activity Readiness

Questionnaire - PAR-Q(revised 1994)

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below.

If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

Note: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

YES NO

- 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
- 2. Do you feel pain in your chest when you do physical activity?
- 3. In the past month, have you had chest pain when you were not doing physical activity?
- 4. Do you lose your balance because of dizziness or do you ever lose consciousness?
- 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
- 6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
- 7. Do you know of any other reason why you should not do physical activity?

If you answered YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want - as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active - begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal - this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

NO to all questions DELAY BECOMING MUCH MORE ACTIVE:

- If you are not feeling well because of temporary illness such as a cold or a fever – wait until you feel better; or
- If you are or may be pregnant – talk to your doctor before you start becoming more active

Please note: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informed Use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

NAME: _____

SIGNATURE: _____ DATE: _____

SIGNATURE OF PARENT: _____ WITNESS: _____
or GUARDIAN (for participants under the age of majority)

You are encouraged to copy the PAR-Q but only if you use the entire form
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Health Canada Santé Canada