

KARRATHA BMX CLUB INC.

Welcome to the 2008 Racing Season

MEMBERSHIP FORM

FAMILY INFORMATION

PARENTS / CARERS

Family Name _____

First Name _____

Phone Number(s) _____

Mobile Number(s) _____

Address _____

E-mail Address _____

Do you hold a current Senior First Aid Certificate or higher qualification? YES / NO (circle Yes or No)

Name of Senior First Aid/other Certificate holder: _____

Publicity: I give approval for the Karratha BMX Club to publish images of the riders listed below on the Karratha BMX Club web site, on e-mail, in newsletters and in articles for newspapers in relation to the advertising and promotion of BMX only (please sign)

Signature if giving publicity approval: _____

RIDERS INFORMATION

	RIDER 1	RIDER 2
Family Name	_____	_____

First Name	_____	_____
------------	-------	-------

Date of Birth	_____	_____
---------------	-------	-------

	RIDER 3	RIDER 4
Family Name	_____	_____

First Name	_____	_____
------------	-------	-------

Date of Birth	_____	_____
---------------	-------	-------