

MIRAGE CYCLING TEAM

<http://www.miragecycling.org>

The Mirage Cycling Team is a non-profit corporation dedicated to the promotion and development of recreational and performance bicycling. It is for male and female cyclists of all ages and abilities. Most members are students or adults with full-time jobs who enjoy bicycle racing and/or training. Please feel free to join one of our regular training rides and/or attend one of our regular meetings which are held on the second Monday of the month at 7:30 p.m. – details on our website. For more information ask a salesperson at the Richardson Bike Mart - White Rock (9040 Garland Rd.) or any club member or visit our website at <http://www.miragecycling.org>

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Email address _____

Sex _____ USCF License No. _____ USCF Category _____

Birth Date _____ Your age as of January 1 _____

New / Renewing member - \$25.00 per year

Junior member - Free until member is 18 years old

For information on club apparel (available to members only) contact the JERSEY/APPAREL COORDINATOR via the CONTACT page of the Mirage web site at www.miragecycling.org

Amount Enclosed: \$ _____ Date: _____

General information: (optional) Do you consider yourself :

- | | | | |
|--|---|-------------------------------------|---|
| <input type="checkbox"/> New Recreational Cyclist | <input type="checkbox"/> New USCF Racer | <input type="checkbox"/> Triathlete | <input type="checkbox"/> Off-road Cyclist |
| <input type="checkbox"/> Recreational Cyclist | <input type="checkbox"/> Veteran USCF Racer | <input type="checkbox"/> Duathlete | <input type="checkbox"/> MTB Racer |
| <input type="checkbox"/> Fast Recreational Cyclist | <input type="checkbox"/> Adventure Racer | | |

Do you enter organized events (rallies/races)? _____

How many miles do you ride each week? _____ In season _____ Off season _____

What do you wish to gain from your club membership? _____

I acknowledge that bicycle racing is an inherently dangerous sport in which I participate at my own risk and that the Mirage Cycling Team is a non-profit corporation formed to advance the sport of cycling, the efforts of which directly affect me. In consideration of my membership in the Mirage Cycling Team, I release and forever discharge Mirage, its officers, members, sponsors, and promoters from any and all liability, claim, loss, cost, or expense, and I waive any such claims against such persons or organizations arising directly from, or attributed in any legal way to, any action or omission to act by any such person or organization in connection with sponsorship, organization, or execution of any bicycle racing or other sporting event, including travel to and from such event, in which I may participate as a rider, team member or spectator.

The Mirage Cycling Team **strongly encourages** safe cycling practices and the use of approved helmets. Helmets are recommended anytime a person is on a bike. Helmets are required on all club rides.

Expiration (for office use only) _____

Signature of member

date

Please mail your completed form with check payable to **Mirage Cycling Team** to:
Mirage Cycling Team
9646 Ravensway
Dallas, Texas 75238

Signature of parent or legal guardian
(required for members under 18 years of age)

date