

Junior Development Rider Application Form

This form **must** be completed and returned to Cycling New Zealand unless alternative arrangements have been agreed with the High Performance Athlete Development Lead. Please return to:

Tracey Herbert

Cycling New Zealand Development Coordinator

Post: PO Box 1110, Cambridge 3450; or

Email: tracey.herbert@cyclingnewzealand.nz

Full Name of Rider:	
Date of Birth:	
Address:	
Postcode:	
E-mail:	
Telephone contact(s):	
Teams: If I am eligible, I wish to be invited to any Cycling New Zealand Junior Development Team(s)	<input type="checkbox"/> yes <input type="checkbox"/> no
Availability: I am not available to be selected to any Cycling New Zealand Junior Development Team(s) <i>Please provide details if applicable.</i>	
Event Preferences: <i>Please specify (in order of priority) if there are particular Events that you would like to focus on.</i>	1. 2. 3. 4.
Conditions: I agree to the conditions specified on the next page of this form.	<input type="checkbox"/> agree <input type="checkbox"/> disagree
Signed*:	
Date:	

Rider Application Form Conditions

1. I have been provided with access to a copy of the *Cycling New Zealand Junior Development Rider Eligibility Requirements* either directly or via www.Cyclingnewzealand.nz. I agree to comply with and be bound by the terms of that Regulation.
2. I acknowledge that any right of appeal and the process for such an appeal in relation to selection or non-selection must be exercised in accordance with the *Cycling New Zealand Junior Development Rider Eligibility Requirements*.
3. I acknowledge that it is a condition of my application for selection that I must complete, sign, and return to Cycling New Zealand, an Athlete Agreement, and that if I do not do so I will not be eligible to be selected (unless alternative arrangements have been agreed with the High Performance Director).
4. I agree to be bound by:
 - the Cycling New Zealand Constitution;
 - the Cycling New Zealand Regulations; and
 - the rules of any International Road Competition that I attend with Cycling New Zealand.
5. I have met, or will by the Selection Date have met, the eligibility requirements specified in clause 1 (Eligibility) of the *Cycling New Zealand Junior Development Rider Eligibility Requirements*.
6. I will notify Cycling New Zealand of any changes to my contact details. I accept that any failure by me to do so may be to my detriment as any announcement regarding selection of a Team will be notified to me personally or to at least one of the contact addresses provided.
7. I agree Cycling New Zealand may collect personal information about me for the purposes of consideration and selection.
8. I may obtain independent advice on the terms of this application form and its implications, and I have been given a reasonable opportunity to do so.

* If the rider is under the age of 18 years as at the date of signing this form, the form must also be signed by the parent(s)/guardian(s) of the rider in the space provided below.

I/We are the parent(s)/guardian(s) of the rider named in this form. We acknowledge and agree to the conditions specified in this form on behalf of the rider.

Full Name of Rider:	
Full Name of Parent(s)/Guardian(s):	
Signed: Parent(s)/Guardian(s)	
Date:	