

## 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:

Hughie Castle

Cycling New Zealand New Zealand Operations Manager

Post: PO Box 1110, Cambridge 3450; or

Email: [Hughie.castle@cyclingnewzealand.nz](mailto:Hughie.castle@cyclingnewzealand.nz)

<b>Full Name of Rider:</b>	
<b>Date of Birth:</b>	
<b>Address:</b>	
<b>Postcode:</b>	
<b>E-mail:</b>	
<b>Telephone contact(s):</b>	
<b>Teams:</b> If I am eligible, I wish to be invited to any Cycling New Zealand U17 Team(s)	[    ] yes [    ] no
<b>Availability:</b> I am not available to be selected to any Cycling New Zealand U17 Team(s) <i>Please provide details if applicable.</i>	
<b>Event Preferences:</b> <i>Please specify (in order of priority) if there are particular Events that you would like to focus on.</i>	1. .... 2. .... 3. .... 4. ....
<b>Conditions:</b> I agree to the conditions specified on the next page of this form.	[    ] agree                      [    ] disagree
<b>Signed*:</b>	
<b>Date:</b>	

## Rider Application Form Conditions

1. I have been provided with access to a copy of the *Cycling New Zealand U17 Development Rider Eligibility Requirements* either directly or via [www.Cyclingnewzealand.nz](http://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 U17 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 5 (Eligibility) of the *Cycling New Zealand U17 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.

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