

SCHEDULE 3 – RIDER APPLICATION FORM

This form **must** be completed and returned to Cycling New Zealand unless alternative arrangements have been agreed with the High Performance Director. Please return by 26 March 2016 to:

Hughie Castle

Cycling New Zealand New Zealand Operations Manager

Post: PO Box 1110, Cambridge 3283; or

Email: Hughie.castle@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 considered for selection to any Team(s) that Cycling New Zealand selects to attend the International MTB Competitions specified in the <i>Cycling New Zealand Selection Regulation for MTB Teams 2016</i> .	[] yes [] no
Availability: I am not available to be selected to any Team(s) to attend the International MTB Competitions specified in the Regulation, for the reasons noted on this form. <i>Please provide details if applicable.</i>	
Conditions: I agree to the conditions specified on the next page of this form.	[] agree [] disagree
Signed*:	
Date:	

Rider Application Form Conditions

1. I have been provided with access to a copy of the *Cycling New Zealand Selection Regulation for MTB Teams 2016* either directly or via the Cycling New Zealand website . 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 my non-selection or decision not to enter me into a 2016 MTB World Cup Event must be exercised in accordance with the *Cycling New Zealand Selection Regulation for MTB Teams 2016*.
3. I acknowledge that it is a condition of my application for selection that I must complete, sign, and return by the due date 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 Track Competition that I may be selected to attend with Cycling New Zealand.
5. I have met, or will by the Selection Date have met, the eligibility requirements specified in clause 4 (Eligibility) of the *Cycling New Zealand Selection Regulation for MTB Teams 2016*.
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:	