



OFFICIAL ENTRY FORM

UNDER CYCLING TIME TRIALS REGULATIONS.

(National Championships are also under CHAMPIONSHIP CONDITIONS) See Handbook for notifications of improvements. The Promoting Club reserves the right to refuse any entry (Subject to BBAR Condition No. 4)

Please enter me for the _____

event to be held for and on behalf of Cycling Time Trials on (date) _____

I enclose entry fee of £ _____ Including Cycling Time Trials Levy

Mr/Mrs/Miss/Ms	Forename(s)	Surname	
Club		District	
Address			
		Postcode	
DOB		Age on Day of event	
Under 18's must ensure the Parental Consent section overleaf is also completed			
Tel		Mob	
E-mail			Start/Result Sheet by E-mail <input type="checkbox"/>
Emergency Contact Details		Name	
Address			
Tel		Mob	
OFFICIAL TIME TRIALS (including private) CLUB, OPEN, SEMI-OPEN AND ASSOCIATION EVENTS (completed events only.) For NATIONAL CHAMPIONSHIPS only enter performances in Open, Semi-Open and Association events. Please enter details of fastest performance during current and past three seasons for the type of machine you will be riding at nearest distance to that you are entering. If entering a Team Time Trial please complete the section on the back			
Event	Distance	Date	
Winner	Winners Time	My Time	Position (if known)
INSERT BELOW your fastest performance at nearest distance since 1st January of last Year			
Event	Distance	Date	
Winner	Winners Time	My Time	Position (if known)
I will be Riding a: Bicycle <input type="checkbox"/> Tricycle <input type="checkbox"/> Tandem <input type="checkbox"/>		Tandem Partner	
If the event is oversubscribed I agree to be a reserve. Yes <input type="checkbox"/> No <input type="checkbox"/>			

VTTA Members Only

Best plus for distance in current and past three seasons		Age at that time	Yrs.
Current standard time for event entered		VTTA Group	

I HEREBY DECLARE that the particulars submitted on this form are complete and correct. I understand that the event will be held under the Rules and Regulations of Cycling Time Trials as shown in the current Handbook and I confirm that I am conversant with such Rules and Regulations and undertake to abide by them and to participate in the Drug Testing Programme whenever required to do so. I further declare that I am at present not under suspension by Cycling Time Trials or any organisation with which Cycling Time Trials have an agreement or (if so) such suspension will have expired by the date of the event. I agree to accept the decision of the promoter in all the matters concerning the event and my participation in it subject to such rights of appeal or review as may be provided for in the Rules and Regulations of Cycling Time Trials. I understand that the event is held wholly or in part on public or private property or the public highway and that I participate therein entirely at my own risk and that no liability whatever shall attach to the promoter, promoting club or any officials of the event, Cycling Time Trials or any club affiliated thereto or any member of such club for any injury loss or damage suffered by me in or by reason of the event however caused.

Signature _____

Date _____

Team Time Trials

If entering a Team Time Trial please complete this section.

Please enter names of ALL team members.

All team members must submit a form.

Rider 1	Name
	Club
Rider 2	Name
	Club
Rider 3	Name
	Club
Rider 4	Name
	Club
Reserve1	Name
	Club
Reserve2	Name
	Club

Parental Consent

PARENTAL CONSENT - TO BE SIGNED BY PARENT OR GUARDIAN OF ENTRANTS UNDER THE AGE OF 18

I _____ Being the Parent (or Guardian) of _____ Who was born on:

HEREBY AGREE to his/her participation in the events promoted for and on behalf of Cycling Time Trials under their Rules and Regulations and DECLARE as follows:-

I confirm that I have read and understand the rider declaration above. I understand and agree that my said son/daughter participates in events promoted under the Rules and Regulations of Cycling Time Trials, entirely at his/her risk and without liability whatever on the part of Cycling Time Trials, its Chairman, National Committee Members, District Committee Members, Officers and Officials of member clubs, Event Secretaries (promoters), Timekeepers, Marshals, Course Measurers, Caterers or helpers in the conduct of the event in respect of any injury loss or damage suffered by him/her however caused.

I understand that the function of the marshals in such events is to do no more than indicate the precise spot at which the rider should turn or the direction he or she should take and that the responsibility for safely negotiating a turn or any other change of direction must rest with the rider alone. I understand further that all competitors in or in the vicinity of the event must observe the law of the land relating to road travel and when racing must ride entirely alone and unassisted. I am satisfied that my son/daughter is sufficiently responsible and experienced to assume full and entire responsibility for his/her own safety whilst engaged in a competition of this kind held wholly or in part on public or private property or on the public highway.

I agree to my son/daughter participating in the Drug Testing Programme whenever required to do so.

Signature

Date