



Cycling Zimbabwe – AFFILIATED TO C.A.C AND THE UCI

info@zimcycling.com

Application For Cycling License – 2014

CZ license No.

Personal details

Surname: _____ First Name: _____
 Sex: _____ Date Of Birth: _____ Age: _____
 Nationality: _____ National I.D No: _____
 Country Of Permanent Residence: _____ (please enclose copy of ID or birth cert)
 Residential address: _____
 Business Address: _____
 Telephone (H): _____ (W) _____ (c) _____
 E-mail: _____
 Name Of Club: _____

(please supply a copy of medical aid card)

Medical aid name and number: _____

Medical Insurance details: _____

(Applicable to cyclists wishing to race internationally)

Next of kin details:-Name: _____ (PH) _____

Categories: (please tick appropriate box)

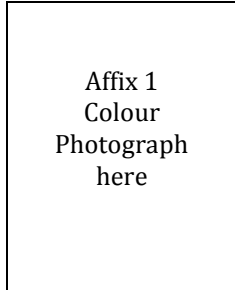
| | | | | |
|---------------------|--------------------------|----|------------------------|--------------------------|
| Local Rider | <input type="checkbox"/> | Or | Local Official | <input type="checkbox"/> |
| International Rider | <input type="checkbox"/> | Or | International Official | <input type="checkbox"/> |

| | | | | | |
|------|--------------------------|-----|--------------------------|-----|--------------------------|
| Road | <input type="checkbox"/> | MTB | <input type="checkbox"/> | BMX | <input type="checkbox"/> |
|------|--------------------------|-----|--------------------------|-----|--------------------------|

Fees – Cycling Zimbabwe (riders only) Local \$30.00 / International \$50.00

Receipt Date: _____ Receipt No: _____

Information of Applicant: (all applicants to provide CZ with a copy of passport and two photo's regardless whether it is an international or local license)



Passport Details

Country: _____ Passport Number : _____

Date Issued: _____ Date Expire: _____

2 PHOTOGRAPHS (PASSPORT SIZE) 1 AFFIXED TO THE BOX ON THE LEFT & ONE LOOSE & SIGNED ON THE BACK TO ACCOMPANY.

Declaration

I hereby declare that I am not aware of any reason why I should not be issued with the aforesaid requested license.
 I declare that I have not applied for an affiliation license for the same said year to the UCI or any other national federation.
 I assume exclusive liability for this application and the use that I shall make of the license.
 I hereby undertake to respect the Constitution and the Regulations of the UCI its continental confederations and nations federations. I shall participate in cycling competitions or events in a fair and sporting manner and submit to the disciplinary measures taken against me and shall take any appeals and litigation before the authorities provided in the Regulations. With that reservation I shall submit any litigation with the UCI exclusively to the tribunals at UCI headquarters.
 Should I participate in a cycling race or event where drug testing is conducted under the UCI drug test regulations. I agree to submit to such drug test. I agree that the results of the analysis may be made public and communicated in detail to my club, team or Trade Team or to my coach and/or doctor. I undertake to submit any protests concerning drug use to the Court of Arbitration for Sports (CAS) whose decision I shall accept as final. I agree that all urine samples taken shall become the property of the UCI which may have them analysed especially for the purpose of health protection research and information . I agree that my doctor or the doctor of my club, team or Trade Team may on request from the UCI communicate to them a list of the medicines that I took and treatment I underwent before any competition.
 I accept the conditions regarding blood testing and accept to undergo blood tests if required by the UCI or CZ



Specimen signature of Holder

Signature Of Applicant

Signature Of Club Chairman

Date _____