



CVCCA 2012

• P. O. Box 3611 • Pinedale, CA 93650 •

Dear Parker's Team Alum:

It is time to renew your membership for 2012. For those of you who were members last year, we look forward to seeing you again this coming year. For those of you who have taken time away from the team, we miss you and would love to see you rejoin the team.

Since its inception, **Parker's Team has raised over \$500,000 for charity** – which would not have been possible without you!!

For 2012, we are supporting four great, local charities:

- **Community Food Bank:** Serves over 90,000 neighbors in Fresno, Madera, and Kings Counties.
- **Lose the Training Wheels:** Teaches individuals with disabilities to ride a conventional two wheel bicycle and become lifelong independent riders.
- **Exceptional Parents Unlimited:** Provides services to families and children facing extraordinary medical, developmental, and parenting challenges.
- **Spirit of Woman:** Provides substance abuse treatment and recovery services to women and their children.

We will kick off the new season with:

- **Information meetings** at 6:30pm on:
  - January 17th at Exceptional Parents Unlimited, 4440 North 1st St, Fresno.
  - January 19th at Clark Intermediate, 902 Fifth Street, Room IA-5, Clovis.
  - January 25th at REI, 7810 N. Blackstone Ave, Fresno.
- **Annual Fun Ride** (everyone welcome) on January 28th, registration at 9am, ride at 10am. Location - Steven's Bicycles, 1365 N. Willow, Clovis.
- **First coached ride** on February 4<sup>th</sup> - check the forum for location.

We will be training again this year for the **California Classic Century Ride on May 19<sup>th</sup> in Fresno**. Bob Armev and others are working with the organizing committee to make the ride better and safer.

We look forward to you renewing your membership and participating in anyway that your schedule will allow. There is no obligation to ride, fundraise, or volunteer. You decide how much you can participate. If you decide you don't want to rejoin, please consider making a donation to support Parker's Team in all it is doing to help these local charities.

We hope to see you again for the 2012 season! If you know someone who is interested in joining the team, please have them come to one of the information meetings or contact us through the CVCCA website.

CVCCA – Parker's Team

## 2012 CVCCA "PARKER'S TEAM" MEMBERSHIP APPLICATION

### APPLICANT INFORMATION

\*\*Must be 18 years old unless accompanied by an adult. If you are under 16 years of age, prior approval from the coaching staff is required\*\*

Name:		New Member    Alumni <i>(Please circle)</i>
Address:		
City:	ZIP Code:	Date of birth (MM/DD/YY) :
Home Phone:	Cell Phone:	Work Phone:
Email:		

### MEDICAL INFORMATION

Medical Insurance Provider:	Medical #:
Primary Physician:	Medications:
Physician's Phone:	Allergies:

### EMERGENCY CONTACT

Name of emergency contact <i>(Required)</i> :	Relationship:	
Home Phone:	Cell Phone:	Work Phone:

### NEW MEMBERS ONLY

*(Please circle answers)*

Level of Skill:    Beginner    Intermediate    Advanced	Jersey Size (sizes tend to run small):
Have you ever completed a Century Ride:    YES    NO	Men's – Sm Md Lg XL 2X 3X 4X
Do you have your own bike?    YES    NO	Women's – XS Sm Md Lg XL 2X 3X
If no, would you need a loaner bike, if available?    YES    NO	<b>**New members will be provided one short sleeved jersey with payment of their membership dues**</b>

### ALUMNI ONLY

We look forward to having you ride and volunteer with the team when you can.

Please let us know if you are interested in helping with:

<input type="checkbox"/> Public Relations	<input type="checkbox"/> Mentoring	<input type="checkbox"/> Casino Night
<input type="checkbox"/> Communications	<input type="checkbox"/> Coaching	<input type="checkbox"/> Fireworks Stand
<input type="checkbox"/> New membership	<input type="checkbox"/> SAG'ing	<input type="checkbox"/> Valley Girls Ride
<input type="checkbox"/> Website	<input type="checkbox"/> Ride organization (off season)	<input type="checkbox"/> Other <i>(Please specify)</i> : _____

### MEMBERSHIP DUES

Membership dues pay for team expenses such as loaner bikes, insurance, administrative costs, etc. so that 100% of new member fundraising can go directly to our selected charities.

<input type="checkbox"/> <b>New member.</b> I agree to fundraise \$1,000 to be fully submitted 2 weeks prior to our event. <i>**Family Membership does not apply**</i>	\$100
<input type="checkbox"/> <b>Alumni</b>	\$100
<input type="checkbox"/> <b>Alumni Family Membership. Applications/waivers for additional family members attached.</b> If a family member is a new member, he/she must pay the initial \$100 dues separately.	\$185

Please charge my    VISA    MASTERCARD    DISCOVER    *(Please circle)*    Amount due: \$ \_\_\_\_\_

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_    Exp. Date \_\_\_\_\_ / \_\_\_\_\_ *(MM/YY)*    CVV# \_\_\_\_\_

**Mail your completed application and payment to: CVCCA, PO Box 3611, Pinedale CA 93650-3611**

If paying by check, please make your check payable to: *CVC Charitable Association*

### SIGNATURES

**Your signature below authorizes that you have read and accept the Accident Waiver and Release of Liability.**

If under the age of 18, this application and waiver acceptance must be signed by a parent/guardian.

Signature of applicant:	Date:
Signature if parent/guardian if required:	Date:

We value your privacy. Your personal information will be kept confidential and will never be sold to third parties. It will only be used for communications from CVCCA.

# ACCIDENT WAIVER AND RELEASE OF LIABILITY

PRINT NAME: \_\_\_\_\_

I understand and agree that I am voluntarily participating in the Central Valley Cycling Charitable Association's "Parker's Team" and all of its activities.

I acknowledge that this athletic event is an extreme test of a person's physical and mental limits and carries with it a potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to athletes, but are also present for carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently trained for participation in the event and have not been advised otherwise by a qualified medical person.

I acknowledge that this Accident Waiver and Release of Liability (AWRL) form will be used by the event holders, sponsors and organizers, in which I participate and that it will govern my actions and responsibilities at said events.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

- (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me or my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: Central Valley Cycling Corporation to include their ride entities of, but not limited to; Central Valley Cycling Charitable Association, Valley Girls Ride, all directors, officers, employees, volunteers, representatives, and agents, event holders, event sponsors, event directors, and event volunteers for each of these entities;
- (B) Indemnify and Hold Harmless the entities or persons mentioned in paragraph (A) from any and all liabilities or claims made by other individuals or entities as a result of any of my actions during this event.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and or illness during this event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors organizers and or assigns.

This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I hereby certify that I have read this document; and understand its content.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

In case of emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

## PARENT GUARDIAN WAIVER FOR MINORS (Under 18 years old)

The undersigned parent and natural guardian or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

PRINT NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_